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Annual report of the Executive Director: Results achieved for children in support of the Millennium Summit agenda, through the medium-term strategic plan, 2002-2005

Summary

The present report provides a summary analysis of progress made in the context of the UNICEF medium-term strategic plan (MTSP) for 2002-2005. It also highlights income and expenditure and results for children in 2005, and looks ahead to the implementation of the organizational plan for 2006-2009. It has been prepared in accordance with Executive Board decision 2005/8, which requested that the Executive Director strengthen the analytical content of annual reports to the Board to include both qualitative and quantitative measures of progress against the MTSP targets, with a discussion of progress made, challenges and constraints encountered, lessons learned and issues arising for consideration and guidance.

The information in this report is complemented by other reports presented to the Executive Board at the annual session of 2006 covering the UNICEF evaluation function (E/ICEF/2006/15) and UNICEF participation in joint programmes (E/ICEF/2006/13 and Add.1) and sector-wide approaches (E/ICEF/2006/14).

This report also complements the Executive Director's annual report to the Economic and Social Council (E/ICEF/2006/3), which contains, inter alia, more details of UNICEF activities in support of the Secretary-General's reform programme and the follow-up to international conferences.

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Contents

		Paragraphs	Page
I.	Introduction	1	3
II.	Summary of progress and performance in the 2002-2005 MTSP	2–179	3
	A. Early childhood development	3–58	3
	B. Immunization "plus"	59–84	14
	C. Girls' education	85–104	18
	D. Fighting HIV/AIDS	105–132	23
	E. Protection of children from violence, abuse and exploitation	133–162	28
	F. Emergency preparedness and response	163–179	33
III.	United Nations reform and partnership initiatives	180–190	35
IV.	Programme management and operational performance	191–201	38
V.	Income, expenditure and resource mobilization	202–217	41
VI.	Conclusion: The new MTSP period and organizational transformation to contribute to the Millennium Development Goals	218–227	48
Annex			
	Programme expenditure in 2005 for countries classified according to gross national income and under-five mortality rates		51

I. Introduction

1. Almost all the Millennium Development Goals are directly related to children. The UNICEF medium-term strategic plan (MTSP) constitutes a response to these goals, as well as to the overarching Millennium Declaration adopted by the General Assembly in 2000 and the more detailed commitments to children made at the General Assembly's Special Session on Children (2002) and contained in the Convention on the Rights of the Child.

II. Summary of progress and performance in the 2002-2005 MTSP

2. This chapter provides both an overview of cumulative progress made and performance in the five priority areas of the MTSP for 2002-2005 (E/ICEF/2001/13 and Corr.1), as well as details of results achieved specifically in 2005. Particular attention is given to selected targets which are pivotal for the transition to the next plan period. This chapter also provides an update of the mid-term review (MTR) of the MTSP (E/ICEF/2004/13), which was discussed by the Executive Board in 2004 (decision 2004/16).

A. Early childhood development (ECD)

3. Ensuring that children make the best possible start in life is a major contribution to almost all the Millennial Goals, especially those concerned with child and maternal survival and health, and with children's ability to complete primary school.

4. Based on the findings of the MTR, efforts were made in 2004-2005 to further emphasize the practical convergence of initiatives for young children and to facilitate the efforts of national partners working across the social sectors. Stronger focus was also placed on developing the capacities of families and communities themselves for young child survival, growth and development, especially in disadvantaged areas. This was pursued through decentralized planning, local partnerships and programmes to empower parents with knowledge and to use available services. These approaches have been incorporated in the new MTSP for 2006-2009 (E/ICEF/2005/11).

5. The Goals' strong focus on health and nutrition outcomes has resulted in unprecedented attention to maternal, newborn and child survival issues, with many global advocates calling upon UNICEF to better define how it will contribute to national efforts in these areas. As a result, UNICEF developed an MTSP support strategy in health and nutrition, building on new scientific evidence and lessons learned from innovative approaches such as the Accelerated Child Survival and Development Programme (ACSD).

Millennium Development Goal 4: Reducing child mortality

The context

6. Each year, some 10.5 million children still die before the age of five years. Most of these children live in developing countries and die from a disease or combination of diseases that could be prevented, such as measles, or treated if the means were there. Sometimes, the cause is as simple as a lack of antibiotics for treating pneumonia or oral rehydration salts (ORS) for diarrhoea.

7. Progress towards Goal 4 varies greatly between regions. While the rate of children dying before their fifth birthday fell by over one third in Latin America and the Caribbean between 1990 and 2004, in sub-Saharan Africa, where almost half of child deaths occurred, there has been only a slight reduction. Steady progress has been made in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS), South Asia and East Asia and the Pacific since the early 1990s, although their rates of reduction fall short of ensuring that Goal 4 will be met.

The response

8. As part of this renewed emphasis, approaches to reducing child mortality included:

(a) The ACSD package of high-impact health and nutrition interventions. Working within existing health systems, this focuses on extending coverage to underserved communities by resolving constraints in integrated service delivery;

(b) Support to improving family and care practices through parenting programmes and the Integrated Management of Childhood Illnesses (IMCI) approach;

(c) Other child and maternal health measures, such as the promotion of exclusive breastfeeding, improved newborn care and timely and effective responses to emergencies.

9. **ACSD.** Eleven West and Central African countries began to implement ACSD in 2002, in partnership with UNICEF and the Government of Canada, with the aim of demonstrating the effectiveness of the integrated implementation of cost-effective interventions on child survival. The impact was dramatic. Survey and monitoring results suggest that between 2002 and 2004, a package of high-impact interventions in demonstration districts in Benin, Ghana, Mali and Senegal, covering a population of 3 million, is estimated to have reduced the under-five mortality rate (U5MR) by 20 per cent (varying from 25 to 16 per cent) in comparison with control districts, preventing the deaths of 5,500 children a year.

10. Implementing a less comprehensive package of interventions in expansion districts in these four and seven other countries, covering 14 million people, is estimated to have achieved a 10-per-cent reduction in U5MR (ranging from 14 per cent in Guinea Bissau to 5 per cent in Cameroon). The total ACSD programme, covering 17 million people to date, is estimated to be preventing over 18,000 child deaths per year.

11. Major gains were seen in the use of routine preventive health services (immunization, vitamin A supplementation and antenatal care) as well as significant increases in use of insecticide-treated bednets (ITNs). The coverage of some other

interventions was more limited, especially for some family-based activities such as exclusive breastfeeding, complementary feeding, home care of diarrhoea and care-seeking for pneumonia. Since 2004, the high-impact districts in Benin, Ghana, Mali and Senegal have placed greater emphasis on key family practices, leading to some gains in use of oral rehydration therapy and community management of malaria. However, no significant improvement was noted in the clinical management of acute respiratory infections (ARI), malaria or skilled delivery in ACSD districts compared to control districts. This was due to persistent constraints in the capacities of the health system, including human resources capacities for clinical care.

12. Overall UNICEF programme assistance for this strategy in the 11 countries was less than $.50 per beneficiary per year. The approximate average cost in ACSD districts was $407 per life saved. This low cost is thought to be due to a dramatic increase in vitamin A supplementation, measles immunization and ITN coverage in very poor settings with very high mortality rates.

13. The initial success of the ACSD strategy has been shared with partners involved in child survival in each country. In implementing districts, ACSD has provided a foundation for other initiatives such as operational research on community management of ARI and malaria, and the introduction of a new formula for ORS. ACSD-type strategies are now being adopted by an increasing number of African countries and in other regions, especially South Asia. They are integrated within national health strategies, sector-wide approaches (SWAps) and medium-term expenditure frameworks. A roadmap for taking the approach to scale in Africa is being prepared jointly with the African Union, the World Bank, the World Health Organization (WHO) and other partners, with support from the Canadian International Development Agency (CIDA), the Government of Japan and the United States Agency for International Development (USAID).

14. **The household and community component of IMCI.** Under this approach, pioneered in Eastern and Southern Africa, countries have pursued participatory approaches to empowering families with knowledge, skills and assistance to prevent their children from becoming ill, to tend to them when they are sick, to seek medical attention when necessary and to provide adequate and timely feeding, good hygiene and opportunities for early learning.

15. An independent review of experience in 2004 and 2005 in Malawi, South Africa, the United Republic of Tanzania and Uganda showed that the approach had led to improved knowledge and family care practices in all areas. For example, significant improvements in rates of exclusive breastfeeding were achieved through home visits by outreach workers, mother-to-mother counselling and support groups, and education through village assemblies and media. Such evidence shows the importance of ensuring that the household and community component of IMCI forms part of accelerated child survival and development strategies, as envisaged in the new MTSP support strategy for health and nutrition.

16. **Tackling diarrhoea and pneumonia.** These are the biggest single killers of children, but were not given a sufficiently strong focus during the early years of the MTSP period. However, 2005 saw positive developments including the introduction of improved formulations of both ORS and zinc as part of the diarrhoea treatment package and the release of a Joint Statement by UNICEF and WHO on Clinical Management of Acute Diarrhoea. UNICEF support to diarrhoea prevention is becoming more closely linked with water and sanitation programmes and the

training of community health workers and increasingly forms part of integrated approaches. In the Islamic Republic of Afghanistan, for example, a major campaign in five cities in 2005 reached over 1.2 million people with hygiene awareness and knowledge of home care using ORS.

17. Management of pneumonia or ARI often forms part of the facility-based IMCI, as in Bangladesh where 65 subdistricts have now implemented training and related system improvements, or in Iraq, where 4.5 million young children benefited from a national control programme which UNICEF supports with essential drugs. Drawing on experience from well-established programmes such as in Nepal, the training of community workers in Benin and Senegal to diagnose and treat pneumonia has shown promising results. UNICEF works closely with USAID in these African countries and cooperates on joint efforts to move the treatment of common childhood illnesses closer to the community.

Millennium Development Goal 1: Eradicate extreme poverty and hunger

The context

18. The nutritional status of children is a key indicator of poverty and hunger, as well as of overall development in society. Around 146 million children under five years of age in the developing world continue to be underweight. This contributes to over half of all child deaths and to episodes of recurring illness and faltering growth. Child undernutrition is caused not only by food deprivation, but also by infectious diseases and weaknesses in care practices. Encouragingly, the proportion of children who are undernourished has fallen over the last decade in all regions, with the fastest progress in East Asia and the Pacific – largely due to improvements in China. Still, almost half of all South Asian children continue to be underweight. Little progress has been made in sub-Saharan Africa, where the number of underweight children has actually increased. Also, the prevalence of underweight in children in rural areas is almost double that of children in urban areas of the developing world.

The response

19. **Breastfeeding promotion and support.** Many Governments have taken actions in recent years to promote and protect the right to breastfeed. However, the AIDS pandemic and complex emergencies pose unique challenges. The overwhelming advantages of exclusive breastfeeding have been further reinforced in recent scientific literature and this practice continues to be promoted through cross-sectoral advocacy by many partners. At present, however, only some 36 per cent of all infants in the developing world are exclusively breastfed for the first six months of life.

20. Interventions to promote breastfeeding and complementary feeding during the MTSP period have included the Baby-Friendly Hospital Initiative and advocacy for the International Code of Marketing of Breastmilk Substitutes as well as community approaches. Jamaica, for example, has incorporated breastfeeding promotion and support in programmes to improve parenting practices. By the end of 2005, a cumulative global total of 19,798 hospital and maternity facilities had been designated as "baby friendly" since the Initiative was launched in 1991, compared

to 15,165 in 2001. This represented 27 per cent of all such facilities, with the highest rates in East Asia and the Pacific.

21. The launching of the WHO/UNICEF Global Strategy for Infant and Young Child Feeding and the United Nations publication *HIV and Infant Feeding: Framework for Priority Action* in 2003 emphasized the importance of breastfeeding and support for infant feeding in the context of HIV. At least 70 UNICEF offices are supporting Governments in developing comprehensive policies, including guidelines on HIV and infant feeding.

22. **Response to nutritional emergencies.** UNICEF stepped up its role in responding to nutritional emergencies in the second half of the MTSP period, including in Kenya, Malawi, Niger and the Sudan. United Nations and other partners have supported efforts by Ethiopia to dramatically expand an integrated package of high-impact child survival strategies for emergencies. In 2005, Ethiopia's Enhanced Outreach Strategy (EOS) reached 6.8 million young children in drought-prone districts with such interventions as vitamin A supplementation, de-worming, measles immunization, hygiene education and nutritional screening linked to feeding.

23. The EOS has showcased the impressive results that can be achieved through close coordination between Governments and humanitarian actors. It is also a good example of the potential of UNICEF, working with the World Food Programme (WFP), to play a more strategic role in the fight against hunger and undernutrition. The number of lives saved through this joint initiative is estimated to reach 100,000 per year. The EOS provides a 'bridge' between humanitarian and development interventions as Ethiopia puts in place more sustainable health and food security programmes.

24. **Growth monitoring and promotion (GMP).** National systems for monitoring young child growth and development exist in some 85 countries and another 25 countries are in the process of developing these systems. However, there were few new initiatives in this area during the MTSP period. Sri Lanka distributed 365,000 child development records for GMP in 2005, and India has developed a mother-child protection card which includes information on a child's growth, immunization and development. Acceleration of GMP efforts is anticipated with the launching by WHO of new child growth standards which emphasize promotion and include developmental milestones.

25. **Elimination of iodine deficiency disorders (IDD).** Some 69 per cent of households in the developing world now consume adequately iodized salt and 82 million newborns are protected every year from learning disabilities and delays caused by IDD. Approximately 30 countries have reached the 2005 goal of sustainable elimination of IDD. The highest levels of salt iodization are found in Latin America and the Caribbean (86 per cent) and East Asia and the Pacific (85 per cent). In CEE/CIS, which has had the lowest levels, coverage has increased from 20 to 47 per cent of households, but low prioritization still hampers progress towards the goal in some countries.

26. **Iron and anaemia.** Around 1 billion people worldwide suffer from anaemia, most commonly iron-deficiency anaemia, a major cause of maternal deaths and of cognitive deficits in young children. The two most affected regions are South Asia, where more than half the women and children are anaemic, and West and Central

Africa. Anaemia reduction programmes still operate on a limited scale globally. UNICEF increased its focus on integrated approaches to addressing anaemia during the MTSP period. In India, iron folate supplementation for adolescent girls was undertaken through the country's Integrated Child Development Services. An evaluation in 2004 indicated that a 10-25 per cent reduction in anaemia was achieved among 8.7 million girls, at a cost of $.25 to $.80 per girl per year. In Bhutan, UNICEF and WFP are jointly supporting girls' education and iron supplementation in schools.

27. **Food fortification.** UNICEF promotes food fortification as a strategy to prevent anaemia and vitamin A and other micronutrient deficiencies, and co-chairs the newly established Flour Fortification Initiative. UNICEF has strengthened its partnership with the Global Alliance for Improved Nutrition (GAIN) and works with millers in several countries to promote such fortified products as flour, wheat and oil.

28. **Parenting programmes.** The UNICEF focus on families and communities was intensified during the MTSP period. Parenting programmes often combine interventions for child survival, development and protection at the family level. By 2005, some 93 countries had a defined list of key care practices, up from 67 in 2002, and 82 countries were implementing some form of community IMCI programme (see table 1). UNICEF support to parent education expanded rapidly during 2003-2005, reaching on average some 10 per cent of families in the countries assisted. Almost half of all West and Central African countries now have parenting protocols supporting child survival, nutrition, hygiene and early learning. Some of these also include the promotion of birth registration, an area in which there has been some recent reduction of UNICEF momentum (see table 1). In Brazil, some 2.1 million children had been reached by the end of 2005 through family orientation by municipalities, community health workers, radio programmes and day-care centres.

29. Strengthening the skills and motivation of caregivers to support children's early learning is also a well-documented strategy for improving readiness for school, thereby contributing to Millennium Development Goals 2 and 3. It was steadily pursued during 2002-2005 and is included in the results framework of the new MTSP. Evaluations in Bolivia, Jamaica, Jordan, Maldives and Viet Nam have demonstrated the positive impact of parenting programmes in ways that contribute to school readiness for both boys and girls. In Bangladesh, the Gambia, Jordan and the Lao People's Democratic Republic, efforts are being made to incorporate parenting for early learning in poverty reduction strategies.

30. New methods are being developed for reaching families. At the World Summit on the Information Society in 2005, UNICEF won an award for *Shishu Samrakshak*, an interactive digital tool developed in Hyderabad, India that uses touch-screen images and sound to help spread knowledge on health, nutrition, child development and HIV-prevention to rural communities. This initiative, now expanding to other areas, demonstrates the possibilities of e-content in bridging the digital divide, especially with women and in communities with low literacy levels.

Millennium Development Goal 5: Reducing maternal mortality

The context

31. Complications during pregnancy and childbirth are a leading cause of death among women of reproductive age in developing countries. More than half a million women die each year from such complications, and 20 times that many suffer serious disabilities or injuries that, if left untreated, can cause lifelong pain and humiliation. Though a definitive assessment of trends is currently not possible due to lack of data, the latest available estimates continue to indicate very high maternal mortality ratios in sub-Saharan Africa and South Asia. Preliminary results from recent analysis indicate that maternal mortality levels have fallen in countries with already low levels – but not where mortality is highest. Reductions in the worst-affected countries will require additional resources so that the majority of births are attended by health personnel who are able to prevent, detect and manage obstetric complications. When problems do arise, women need rapid access to a fully equipped obstetric care facility.

The response

32. UNICEF has continued to assist countries in addressing Goal 5, the reduction of maternal mortality. Support has ranged from advocacy related to women's health, including delaying early marriage, to promoting tetanus toxoid (TT) immunizations, preventive malaria treatment and iron-folate supplementation in pregnancy. During the MTSP period, UNICEF supported over 3,500 facilities in nearly 70 countries to provide emergency obstetric care services for pregnant women. The UNICEF contribution included: national-level advocacy; support to emergency obstetric care assessments and programme design; modelling good practices in selected districts by upgrading facilities with equipment, essential medications and staff training in life-saving skills; support for communities in recognizing danger signs and providing timely transportation; and promoting integration with health sector plans.

33. Almost all countries in the South Asia and Eastern and Southern Africa regions have completed the assessments, which have led to increased commitment to maternal health sector plans. Several countries, such as Malawi and Uganda, have turned the information gained from assessments into action backed by resources. Progress has been achieved through strong partnerships with the United Nations Population Fund (UNFPA), WHO, other technical agencies and such initiatives as the Averting Maternal Death and Disability Project of Columbia University.

34. Joint United Nations programmes increasingly address Goal 5. In many parts of Africa the combined efforts of UNFPA, UNICEF and WHO have enabled Governments to begin developing "roadmaps" for improving maternal health. The challenge now will be to introduce newborn child components as part of a larger health and nutrition acceleration plan.

35. Newborn health efforts are gaining momentum as a result of the Saving Newborn Lives Initiative and the Healthy Newborn Partnership initiatives of Save the Children USA. Following the 2005 *Lancet* series on newborn health co-authored by UNICEF, which was based on operational research by non-governmental organizations (NGOs) and national initiatives, UNICEF is now providing guidance using the current evidence base and helping Governments to identify ways to integrate efforts for newborns into emergency obstetric care efforts, IMCI and

community programmes. Models developed by India and Pakistan are being used as references by other countries.

Millennium Development Goal 6: Malaria reduction

The context

36. Malaria kills 1 million people a year, most of them young children. However, 2005 saw accelerated investments in malaria control. The number of mosquito nets sold or distributed in at least 14 African countries increased approximately ten-fold during 1999-2003. And while the most common form of malaria has become increasingly resistant to drugs, more effective drug combinations are now becoming more widely available.

The response

37. The first two years of the MTSP period focused on advocacy and fund-raising for malaria, leading to the development of strategic plans and technical guidelines. Malaria is now recognized once again as a major killer of young children and an unacceptable burden on fragile health systems and societies. By 2004, there were significantly increased resource flows to combating malaria, primarily through the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

38. UNICEF annual resource flows for malaria more than doubled during the MTSP period. Efforts in 2004 and 2005 were focused mainly on accelerating the coverage of known effective malaria prevention and control interventions: ITNs; intermittent preventive treatment for pregnant women; and more effective case management with the use of artemisinin-based combination therapies (ACT).

39. The acceleration of malaria programmes has been based increasingly on coordination mechanisms led by national Governments in which the Roll Back Malaria partners contribute according to their comparative advantage. UNICEF has played a lead role in bringing these partners together in support of country-led action plans. The major contribution has been the demonstration of effective distribution mechanisms for highly subsidized ITNs to benefit young children and pregnant women through health centres, voucher schemes and linkages to routine immunization and antenatal care services. UNICEF also strengthened its role as a global leader in the procurement and supply of anti-malaria commodities.

40. Experience has shown that universal coverage of ITNs can be achieved even in countries with relatively weak health systems, by linking distribution to other child survival interventions through national health days or other outreach strategies. Another effective intervention is the use of ACTs where resistance to chloroquine is documented. Concerted international action is necessary to make such products available and affordable in resource-poor environments. UNICEF will continue to work with public and private sector partners to develop supply solutions and propose new financing mechanisms.

Millennium Development Goal 7: Safe water supply and sanitation

The context

41. Access to safe drinking water and basic sanitation is an indispensable component of primary health care and human development. During the 1990s, progress was made in increasing access to improved drinking water sources. However, over 1 billion people remain unserved. Coverage remains especially low in rural areas of Africa and in urban slums. Much slower progress has been made globally in improving sanitation coverage, which is lowest in sub-Saharan Africa and South Asia.

The response

42. Over the MTSP period, UNICEF continued to expand its support for water supply, sanitation and hygiene, assisting 95 countries by 2005 compared to 78 at the beginning of the decade and benefiting tens of millions of people. The Democratic People's Republic of Korea, Ethiopia, Iraq, Nigeria and the Darfur region of Sudan were among the places where UNICEF assistance enabled large numbers of families in poverty to gain access to drinking water from protected sources.

43. During this period, UNICEF placed more emphasis on water quality, dramatically increasing the testing and protection of drinking water at the source as well as in the home. In Malawi, for example, analyses of samples showed that 42 per cent of institutional water points and 54 per cent of water stored in vessels were contaminated. In some countries, for example Uzbekistan, schools and communities are involved in the monitoring of water quality.

44. Good progress was also made towards the eradication of dracunculiasis (guinea worm disease) during the MTSP period, with the global total of indigenous cases being reduced from over 63,000 at the end of 2001 to about 12,000 in 2005.

45. In countries with SWAps for water and sanitation in place or under development, including Ethiopia, Malawi, Mozambique and Uganda, UNICEF participation is helping to ensure a greater focus on sustainability, household and community participation and the inclusion of poor families and marginalized groups.

46. In most of the countries affected by the India Ocean tsunami, UNICEF led the coordination of water and sanitation among United Nations organizations and international NGOs responding to the crisis. In the response to the 2005 earthquake, in Pakistan UNICEF again fulfilled the dual role of sector coordinator and provider of technical and financial support during the relief phase.

47. **Partnerships for young children.** UNICEF is a founding partner and co-sponsor of the Partnership for Maternal, Newborn and Child Health; the Global Alliance for Vaccines and Immunization (GAVI); and Roll Back Malaria. UNICEF is committed to support global health partnerships within which partner countries exercise leadership over development policies and have responsibility for coordinating development actions. At the country level, UNICEF will advocate for maternal, newborn and child health planning and monitoring arrangements, operating within existing national sector-wide coordination mechanisms.

48. In addition to government partnerships, UNICEF works closely on child nutrition with United Nations partners, the private sector and foundations. During the MTSP period, collaborative agreements were signed globally and nationally with WFP, GAIN and Unilever. UNICEF is also co-leading the Ending Child Hunger and Undernutrition Initiative with WFP.

49. Partnerships within the area of water and sanitation include national counterparts, United Nations agencies, NGOs, foundations, academic institutions and the private sector. UNICEF is partnering with WHO on the joint monitoring programme which reports on progress towards the Millennial Goals for water supply and sanitation and on the development of water quality assessment methods and standards. UNICEF also works closely with the Water Supply and Sanitation Collaborative Council, focusing on advocacy at high levels of government and is a member of UN-Water, a broad-ranging collaborative arrangement.

50. **Highlights of ECD activities and results in 2005.** A number of new malaria initiatives - the United States President's Malaria Initiative, the World Bank Malaria Booster Programme, the Millennium Project "Quick Impact" Initiative and the Gates Foundation Malaria Control and Evaluation Partnership in Africa project - will bring additional resources to support national scaling-up of programmes, together with ongoing support from the GFATM. Some 56 countries have now adopted a national policy on the use of ACTs.

51. Major progress in expanding household access to ITNs was seen in a number of countries, including Malawi, Ethiopia, Eritrea, the United Republic of Tanzania, Togo, Senegal and Zambia, often in conjunction with immunization campaigns. UNICEF sustained its global leadership during 2005 in the procurement and supply of ITNs. The 17 million nets procured in 2005 included about 12 million of the "long-lasting" variety. A total of $10.5 million in antimalarial drugs was procured by UNICEF in 2005, including $8.5 million worth of ACTs.

52. UNICEF worked closely with Roll Back Malaria partners to develop accurate forecasts for nets and ACTs, and communicate these to manufacturers and suppliers. This resulted in increased supply capacity for long-lasting nets and ACTs late in 2005, to meet rapidly rising demand.

53. Outreach to communities on hygiene behavioural change was successful in many countries in 2005. In the Islamic Republic of Afghanistan, a joint collaboration with WHO and NGOs supported a hygiene awareness campaign reaching more than 1.2 million people, and similar campaigns in Ethiopia reached more than 1.3 million people.

54. In the area of community-based child care, clear reductions in malnutrition and improvements in ECD were demonstrated in districts in four states of India where this approach was implemented, using techniques such as positive deviance and outreach by community volunteers.

55. **Challenges for the next MTSP period.** The continuation of a holistic perspective towards ensuring the child's best start in life as a strategy for achieving the Millennium Development Goals, and as part of accelerated action for child survival and development, will require continued advocacy with United Nations and other partners as well as scaling-up of practical approaches, such as ACSD, which can achieve synergy among interventions. Nutrition, young child development and

early learning require special emphasis to ensure their integration in national plans and sectoral programmes.

56. UNICEF and partners will advocate for countries to mainstream the ACSD approach in poverty reduction strategies and health sector reforms, and will aim to leverage funding for accelerated child survival in medium-term expenditure, common funding and direct budget support arrangements. It will also be critical to combine the experience gained in improving family and community practices in community-based IMCI with the ACSD model, which can deliver commodities and services effectively and will now strengthen its focus on promoting good practices. A renewed emphasis is needed on communication for behavioural change. The combined approach must also contribute to affordable and sustainable health systems.

57. Most UNICEF-supported parent education programmes have not yet reached national scale. Only 16 countries report coverage of 15 per cent or more. However, such efforts may not need to be national in coverage and it may make sense to focus, where possible, on the most marginalized families. Where there is major gender discrimination, the challenge is also to identify parenting approaches that will increase girls' self-esteem and motivation for learning.

58. For young child survival and development, there is an overall need for greater access to data for decision-making and targeting. New approaches tested during the MTSP period, such as Marginal Budgeting for Bottlenecks, have the potential to support future improvements in national programmes.

Table 1
MTSP programme indicators — early childhood development

Indicator	*2002*	*2003*	*2004*	*2005*
List of key care practices developed for promotion of the child's best start to life	67	83	94	93
Government has comprehensive official policy on ECD (% of total responses)	11%	22%	22%	23%
Official national coordinating structure or mechanism for ECD (% of total responses)	27%	42%	48%	52%
National system for monitoring young child growth and/or development (% of total responses)	67%	62%	53%	61%
Countries with UNICEF support to increased registration of births	75	85	90	83
Countries with UNICEF-assisted parenting education programmes	n.a.	48	53	60
UNICEF support to communication strategy for ECD	n.a.	75	76	55
UNICEF support to community IMCI approach (or equivalent)	n.a.	77	85	82
UNICEF support to early learning initiatives with specific measures to prepare girls for schooling	n.a.	38	53	49

Source: UNICEF country offices. Figures refer to the number of programme countries for each indicator, except where stated. Total number of offices reporting on individual questions varies only slightly between years, except where percentages are used due to wider fluctuations.

B. Immunization "plus"

59. Immunization is one of the most successful and cost-effective public health interventions and the only one that has consistently reached over 70 per cent of young children in recent years. Immunization has already contributed significantly to progress towards Millennium Development Goal 4 on child mortality. Measles-specific mortality has been reduced by 50 per cent globally compared to 1999.

60. The MTR of the MTSP recognized immunization "plus" as the area where the greatest impact for children and women has been achieved so far, and one with high levels of national implementation. Core UNICEF strengths for immunization continue to include its field presence and capacities in vaccine procurement, supply management and programme communication.

61. However, only limited additional progress was made in increasing routine immunization coverage globally during the MTSP period and inequalities remain. Over 27 million children under one year and 40 million pregnant women, often among the poorest population groups, did not receive routine immunization services in 2004. The MTR also reaffirmed that immunization often provides the only regular contact between health services and children living in poverty. Further gains could still be made by utilizing these contacts to deliver other essential services.

62. The strongest progress has been seen on measles immunization and vitamin A supplementation, and to a lesser extent on polio and tetanus. All these depend on well-supervised national programmes, strong supply and logistic systems and a clear focus on local results. The emphasis now being placed on low-coverage districts will assist in reaching the 20-25 per cent of children who are not immunized.

63. Immunization continues to have the potential to prevent some 2.5 million young child deaths each year. Some 1.4 million of these deaths are preventable simply by expanding coverage with such available vaccines as measles, *hemophilus influenzae* type B (Hib), tetanus and pertussis, and an extra 1.1 million deaths could be prevented with such new vaccines as rotavirus and pneumococcal vaccine. Immunization could contribute even further to Goal 4 by providing a platform to deliver a whole range of child survival interventions.

64. During the MTSP period, the use of multi-year, multi-country and thematic funding allowed UNICEF to strengthen its technical capacity in the field and to increase its financial support for strengthening routine immunization services. However, more work is needed if UNICEF is consistently to play a strong supportive role at country level.

65. **Policy and partnerships.** UNICEF and WHO finalized the Global Immunization Vision and Strategy (GIVS) for 2006-2015. This provides an overarching framework and guides countries and partners in addressing the challenge of protecting more people against more diseases and strengthening the linkages between immunization and other health interventions. The GIVS also encourages countries to introduce newly available vaccines and technologies. During the plan period, GAVI became the major donor for immunization worldwide. UNICEF has been active on the Board and working groups of GAVI, which is leveraging significant new funds through mechanisms such as the international financing facility for immunization (IFFIm).

66. For UNICEF specifically, the GIVS and the new MTSP and its support strategy for health and nutrition provide the strategic frameworks for further revitalizing immunization and positioning it as a central component of child survival. They recognize the need for UNICEF work in immunization and child survival to combine "upstream" elements, such as policy advocacy and resource leveraging, with a strong continued focus on results. They also underscore the importance of integrated programming for child survival (i.e., the ACSD approach) where the provision of valued commodities may provide powerful incentives to bring children back for future immunizations.

67. Further investments should be made in partnerships, such as the polio and measles initiatives and GAVI, with major potential to contribute to the reduction of under-five mortality and to leverage resources for children. The strong UNICEF partnerships with WHO and the United States Centers for Disease Control and Prevention (CDC) should be expanded, with each agency focusing on its areas of comparative advantage. UNICEF should position itself further as a key partner in supporting government implementation capacities at the country level, including in supply and procurement, budget analysis, programme communication and linkages with integrated child survival programmes. Internal reviews have also pointed to the need for UNICEF to take a more strategic approach to the management, recruitment and predictable financing of technical staff in these areas. Wider skills are also needed for policy-level work and building partnerships.

68. The future work of UNICEF on immunization financing will need to be linked directly to the evolution of poverty reduction strategies, SWAps and medium-term financial frameworks; continuing global policy work with GAVI; and advocacy for strengthening routine immunizations as well as the funding of new and underutilized vaccines with high potential for saving lives. The implementation of GIVS will involve supporting the development of multi-year national plans as part of wider child survival programmes and the procurement of commodity packages. In order to achieve the Millennium Development Goals, partners will also need to ensure that gains are made in countries with large child populations, the lowest immunization coverage and highest U5MR.

Key target: Immunization and vitamin A coverage, disease reduction and immunization safety

69. **Routine immunization.** The immunization targets for 2002-2005 included 80 per cent coverage in every district for each antigen in at least 80 per cent of countries; the global certification of polio eradication; measles mortality reduction by one half; and elimination of maternal and neonatal tetanus (MNT). The number of countries achieving vitamin A coverage above 70 per cent was also to have doubled.

70. In 2004, immunization coverage for three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3) reached 78 per cent worldwide, and 76 per cent in developing countries, versus 73 per cent in 2001. Coverage data show great variations between and within countries. Sub-Saharan Africa has made steady progress but still lags behind, reaching only 65 per cent in 2004. South Asia, the region with the largest number of un-immunized children, has not shown any improvements in overall coverage in the past three years. The CEE/CIS region has moved from 88 to 93 per cent coverage.

71. Only 38 UNICEF-assisted countries have met the target of 80-per-cent DPT3 coverage in every district. Still, many countries have registered gains in the lowest performing districts. In sub-Saharan Africa, 25 countries reported achieving the 80 per cent target in greater numbers of districts, with 13 of these reaching the target in an additional 10-45 per cent of districts.

72. Since 2002, UNICEF and WHO have jointly promoted the Reaching Every District (RED) approach, shifting attention to low-performing areas based on an analysis of local data. Evidence from the Democratic Republic of Congo, Ethiopia, Kenya, Madagascar and Zimbabwe suggests an almost 50-per-cent fall in the number of un-immunized children after implementation of the RED approach. UNICEF is now strongly promoting "data-driven management" to reach un-reached populations with routine immunization and related interventions.

73. Key programme indicators for the MTSP period suggest a significant reduction in stock-outs at national level for antigens used in routine immunization but only limited improvements in the overall condition of national cold stores (table 2). Also, little progress has been seen in the number of Governments assuming full financing of routine immunization costs. There are still some 19 countries, many of which are emergency-affected, where no government funds are allocated to routine vaccines. With the increasing cost of these vaccines and the addition of new ones, UNICEF will need to continue working with national and global partners to ensure sustainable immunization financing.

74. **Accelerated disease control.** Measles is becoming a less common cause of death in developing countries. The global efforts led by national governments and the Measles Initiative partners including American Red Cross, CDC, CIDA, UNICEF and WHO have surpassed the target set in 2000 of reducing measles mortality by half by 2005. Global measles mortality declined from an estimated 871,000 deaths in 1999 to 454,000 in 2004,[1] a 48-per-cent reduction. Preliminary estimates suggest an additional 9-per-cent reduction in 2005. Sub-Saharan Africa accounts for the biggest gains, reporting a 60-per-cent fall. The goal has now been set to achieve a 90-per-cent reduction in global measles deaths by the end of 2010. GAVI, through the new IFFIm, has pledged $147 million for measles activities.

75. In 2005, despite major challenges, the Global Polio Eradication Initiative led by CDC, Rotary International, UNICEF and WHO made significant progress towards the goal of interrupting endemic virus transmission. UNICEF facilitated the accelerated introduction of monovalent oral polio vaccines type 1 and 3, working closely with manufacturers to shorten the regulatory process. By February 2006, the number of polio-endemic countries had been reduced to four (Islamic Republic of Afghanistan, India, Nigeria and Pakistan). The number of countries that still report active transmission of imported polio virus has fallen from 21 to 7. By the end of 2005, more than half of the 1,906 total global polio cases were in non-endemic countries. India and Pakistan reduced the number of new polio cases by 50 per cent in 2005, setting the stage for final interruption of transmission. Nigeria still faces a major challenge and the focus of UNICEF support will be in the northern states where transmission is still high.

[1] 871,000 deaths (uncertainty bounds: 633,000 deaths; 1,139,000 deaths) in 1999 to 454,000 deaths (uncertainty bounds: 329,000 deaths; 596,000 deaths) in 2004.

76. Nine countries and two regions have now eliminated MNT. Elimination efforts reduced the number of annual neonatal tetanus deaths from 215,000 in 1999 to 180,000 in 2002 (updated figures are expected in early 2006). During the last five years, among the 58 countries still to eliminate MNT, 42 have planned or initiated supplemental TT immunization activities, protecting more than 63 million women in high-risk districts. In 2005, 2.8 million women at risk received two doses of TT vaccine in Ethiopia, 2.6 million in Bangladesh and over 1 million in both Mali and Myanmar. However, uncertainty about funding has affected the efforts of the MNT Elimination Partnership, which is spearheaded by UNICEF, UNFPA and WHO. Additional funds pledged by GAVI through IFFIm will help to bring the elimination goal closer.

77. UNICEF continued to support safe injection practices through training and the exclusive use of auto-disable (AD) syringes with injectable vaccines. There has been a major increase in the number of programme countries that report exclusive use of AD syringes for routine immunization - from 45 in 2002 to 85 in 2005 (see table 2).

78. **Underutilized vaccines.** Hepatitis B vaccine has been introduced in 158 countries, showing a steady increase in coverage and reductions in cost. Since 2002, however, only 18 out of 72 GAVI-eligible countries have introduced Hib vaccine into their national programmes. Hib remains a major cause of pneumonia-related death in children under five years of age. New funding and a global expert recommendation are expected to speed up the introduction of this vaccine.

79. **Vitamin A.** As part of a highly effective partnership with the Government of Canada, other national Governments and the Micronutrient Initiative, UNICEF maintained its support to vitamin-A supplementation for children under five years of age and post-partum women throughout the MTSP period. For 2003, the most recent year for which data are available, global coverage of at least one high dose of vitamin A had reached 61 per cent compared to 50 per cent per cent in 1999, and an estimated 52 per cent of children aged 6-59 months were fully protected by two annual doses, a jump from 16 per cent in 1999. In 2003, 22 countries provided two rounds of vitamin-A supplementation with at least 70 per cent coverage, compared to 13 countries in 2000. These efforts are now helping to save at least 360,000 lives per year. The earlier challenge of maintaining high coverage as national polio immunization days were phased out has been largely overcome as many countries have successfully adopted new delivery mechanisms for vitamin A such as integrated child health packages, which combine supplementation with such interventions as de-worming and the distribution of ITNs.

80. **Highlights of immunization "plus" activities and results in 2005.** UNICEF procured and distributed nearly 3 billion doses of vaccines worth some $439 million in 2005 (compared to $374 million in 2004), and an additional $53 million in cold-chain and safe injection equipment. Procurement of polio vaccine alone amounted to 2.1 billion doses. The Micronutrient Initiative supplied 500 million vitamin A capsules through UNICEF.

81. Following the Indian Ocean tsunami disaster, some 1.2 million children received measles vaccines and vitamin A supplements. UNICEF led the immunization response to the earthquake in Pakistan and India, reaching over 1 million children. Children affected by the food and nutrition crisis in Niger received emergency supplies of vitamin A capsules.

82. UNICEF has further improved its vaccine supply forecasting, exceeding 80-per-cent accuracy across 90 countries. The global vaccine market remains fragile, but no shortages of traditional vaccines were reported at the global level. The number of manufacturers pursuing pre-qualification from WHO for vaccine production continued to increase.

83. Targeted social mobilization and communication in support of polio eradication and routine immunization succeeded in reaching some of the most marginalized children, notably in the Islamic Republic of Afghanistan, India, Nigeria and Pakistan.

84. Concerns about a possible human influenza pandemic increased. The H5N1 virus has remained an avian virus, only rarely causing human infections, mainly in children and usually fatal. To prevent the emergence of a human pandemic, the priority is to control the H5N1 outbreak in birds and prevent people, especially children, from becoming infected. The primary role of UNICEF is in communication and social mobilization to change behaviour. In 2005, most of the efforts were focused on Asian countries, including the development of information and communication materials.

Table 2
MTSP programme indicators – Immunization "plus"

Indicator	*2002*	*2003*	*2004*	*2005*
National cold-chain stores rated "excellent"	19	23	20	28
Governments financing 100% of routine vaccine costs	n.a.	69	75	73
Countries using 100% AD syringes in routine immunization	45	60	72	85
Countries affected by national stock-outs for any antigen in routine immunization	52	47	48	37
Countries with national communication strategic plan for immunization	n.a.	79	81	81
Countries with national plan/strategy to reach hard-to-reach groups with immunization	81	89	90	89

Source: UNICEF country offices. Figures refer to the number of programme countries for each indicator. Total number of offices reporting on individual questions varies slightly between years. This note also applies to tables 3-5.

C. Girls' education

Millennium Development Goal 2: Achieve universal primary education; and Goal 3: Promote gender equality and empower women

The context

85. UNICEF and the United Nations Educational, Scientific and Cultural Organization (UNESCO) estimate for 2001-2002 that some 115 million school-age children continued to be excluded from education, 53 per cent of them girls. Universal primary education by definition cannot be achieved without gender parity. Equally, gender parity in primary education is of limited worth if participation

remains at very low levels. The gender gap in primary enrolment is estimated to have closed to 3 per cent in 2001-2002. However, about 8 million more girls than boys were still out of school. Three regions – Middle East and North Africa, South Asia and West and Central Africa – did not meet the goal of gender parity in primary education by 2005. Nevertheless, substantial progress has been made, including improvements in primary school enrolment between 1990 and 2000 in a number of African countries.

86. Enrolment, however, is only half the battle. Dropping out, repeating grades and poor quality of learning mean that many of those who do attend school still fail to obtain the skills needed for literacy.

The response

87. Progress has been driven mainly by increased investments and more efficient national implementation, with the Millennial Goals providing a galvanizing effect. National efforts have been complemented by external assistance that is increasingly more strategic, better coordinated and aligned with national circumstances.

88. During the MTSP period, UNICEF worked through programming, advocacy and synergistic partnerships in support of equitable access, improved quality of education and gains in learning achievement. The focus on girls' and basic education has also helped in addressing problems such as HIV/AIDS, child labour and undernutrition. UNICEF contributions to education increasingly reflect the organization's rights-based, gender-focused and intersectoral approach, and the changing architecture for development assistance in support of the Millennial Goals.

89. The role of UNICEF in education has focused increasingly on the use of advocacy and partnerships to influence sector-based policies and to leverage resources. While facing some transitional constraints of staff capacity and skills, this shift of emphasis has strengthened UNICEF involvement in partnerships and joint programming and has better aligned its contributions with wider external support for education sector reform. In some cases, these take the form of resource leveraging for scaling-up models of good practice which UNICEF has helped to develop, as in Bangladesh.

90. In the second half of the MTSP period, UNICEF played a greater role in helping countries prepare good quality plans for support from the Education for All Fast Track Initiative (EFA-FTI). Major efforts continue to be put into influencing national sector plans. An external evaluation of the African Girls' Education Initiative concluded that efforts by UNICEF and partners had influenced the policy landscape and strengthened the profile of gender issues in education in all parts of Africa.

Key target: Equitable access to basic education

91. In the early phase of the MTSP period, it was difficult for some UNICEF offices to embrace girls' education as a priority, especially in Latin America and the Caribbean and East Asia and the Pacific, where gender gaps were either not significant or favoured girls over boys. It took time to build consensus around a broad and strategic interpretation of this priority.

92. While gender may not be the most significant disparity in some countries, it is normally closely linked to such others as poverty, rural location and ethnicity. Girls

from poor, rural, migrant or minority communities are most likely to be at the bottom of the ladder of educational access. The focus on gender has also provided an "entry point" for engaging in discussions on disparities and exclusion with partners and advocating for the use of disaggregated data. For example, UNICEF has used this priority to promote improved education access for indigenous groups in Bolivia and Nicaragua, inland poor and rural populations in China and minorities in Viet Nam.

93. Another area in which consensus-building was required during the MTSP period concerns the relative emphasis on access compared to quality in education, essentially a false dichotomy. It is now seen much more clearly that quality is an integral component of and strongly influences access. A holistic approach is critical for Millennium Development Goals 2 and 3: gender parity in education should be viewed not merely as a question of numbers enrolled, but as a platform for achieving wider gender equality and promoting the empowerment of women.

94. UNICEF has supported a diverse range of interventions in addressing the realities of education in each country, thereby increasing its experience of working with partners to develop customized responses. This experience is increasingly being used for new approaches, including for education in emergencies, which provide valuable contributions to the Goals. The growth of UNICEF work has also been supported by more coherent strategies to support the international agenda, such as the acceleration strategy adopted in 2003 to boost access and consolidate quality in 25 countries considered to be most at risk of failing to meet the 2005 target for gender parity.

95. Throughout the MTSP period, UNICEF has provided leadership in supporting education as part of humanitarian response. A strong track record has been established of being a well-prepared "first responder" for the restoration of education in emergencies. The "school in a box" and recreation kit have become part of the standard UNICEF response. The ability to operate across different sectors often puts UNICEF in a good position to address the learning needs of school-aged children during a crisis. For example, education interventions supported by UNICEF have helped to reduce psychological distress and restore a sense of normalcy among children in the countries affected by the Indian Ocean tsunami.

96. In regular programmes, interventions supported by UNICEF and partners for equitable access may take the form of such single measures as supply of learning materials, school meals (together with WFP), construction of classrooms or conditional cash transfers to households. Such single interventions are usually targeted to highly disadvantaged population groups as a stop-gap solution. They create opportunities for boosting access and address constraints that prevent children from taking up available opportunities. Most UNICEF support now goes beyond this minimal approach to combine several interrelated measures. The provision of school meals may be combined with supplying learning materials and classroom renovation to make schools more attractive to disadvantaged families. Support to indigenous girls from remote areas of Bolivia includes boarding houses, transportation and the provision of school materials.

97. Such interventions help to provide local solutions but do not, on their own, help to build capacities for inclusive systems that can deliver quality education on a sustained basis. In addition, therefore, UNICEF has promoted more innovative approaches that typically evolve into "models of good practice", e.g., "back to

school" campaigns and the Child-Friendly School (CFS) approach. Over the MTSP period, such approaches have been increasingly adopted by countries in preference to single factors or localized measures. UNICEF supported major "back to school" campaigns in 13 countries during the MTSP period and also following the Indian Ocean tsunami. In all cases, the campaigns resulted in significant increases in primary enrolment rates for girls and boys. Most countries in East Asia and the Pacific have adopted some variant of the CFS approach, and 93 countries have now developed or are developing standards for child-friendly, gender-sensitive school environments, of which 44 have been adopted nationally (see table 3). Such models of good practice address children's needs as a whole, involving sectors beyond education alone. However, they also run the risk of having limited impact unless they are scaled up.

98. A further example is the role of water and environmental sanitation in increasing access and retention as well as improving quality in education. UNICEF-supported initiatives on sanitation and hygiene promotion in schools have contributed to progress in such countries as Nigeria, Uganda and the United Republic of Tanzania and are associated with significant increases in girls' enrolment and retention rates. Children's participation has also yielded benefits in helping to promote recommended hygiene and sanitation practices among families. Interventions in this area often aim to benefit the wider community through the school, building on the "WASH in Schools" campaign launched by UNICEF and the Water Supply and Sanitation Collaborative Council in 2003. Other major intersectoral linkages pursued in UNICEF-assisted education programmes have included HIV/AIDS-prevention education and strategies to secure access for orphaned children. School-based measures have also been introduced by many countries to address child trafficking, child labour and accidents.

99. **Partnerships.** UNICEF has revitalized the United Nations Girls' Education Initiative (UNGEI) as a major vehicle for galvanizing action at all levels in support of girls' education and achievement of Millennium Development Goals 2 and 3. A Global Advisory Committee has been established and UNGEI focal points set up in five regions. Guidance notes and gender analysis tools have been produced for use at country level. The UNGEI partnership has grown from only a few countries in 2002 to at least 25 in 2005. UNGEI has also been firmly established as an EFA Flagship initiative and is represented on the Steering Committee of the EFA-FTI. UNICEF has also worked with key partners in inter-agency networks for education in emergencies, for education and HIV/AIDS and on the EFA Working Group coordinated by UNESCO. UNICEF has advocated for a strong gender dimension in the review of national sector plans, and by working with partners, has helped to ensure that gender issues are incorporated in the FTI framework and guidance.

100. **Highlights of girls' education activities and results in 2005.** The establishment of temporary learning centres and rehabilitation of schools in the tsunami-affected countries helped to bring 90 per cent of children back to school within three months. UNICEF constructed 213 temporary or semi-permanent schools and provided emergency education supplies to approximately 1.5 million children. In an example of "building back better", schools are being built in Indonesia include stronger foundations, separate sanitation facilities for girls and boys, improved access for disabled students and better classrooms and playgrounds.

101. In Haiti, a major "back to school" campaign brought back 38,000 children, 60 per cent of them girls, and enrolment drives in Somalia registered 114,000 primary-school-age children. In the Islamic Republic of Afghanistan, the ongoing support of UNICEF resulted in 529,000 girls being newly enrolled in schools in 2005. A total of 5.1 million children are now in school in that country.

102. Nepal's "Welcome to School" initiative, which combines enrolment drives focusing on girls and disadvantaged groups with steps to improve the learning environment, was taken to scale nationally in 2005, resulting in an almost 12-per-cent increase in primary enrolment. In the Comoros, the abolishment of school fees as advocated by UNICEF has resulted in increased enrolment of girls. In four states of India, a school-quality enhancement programme for children from disadvantaged groups reduced the number of out-of-school children from 958,000 in 2001 to 162,100 in 2005. In Nigeria, preliminary findings of a study of CFS suggest that enrolment is 70-per-cent higher than in control group schools.

103. UNICEF procured a total of $86 million in education supplies in 2005, up 22 per cent from 2004. This continued growth is the result of emergency education (especially "school in a box" and recreation kits) and ongoing support to girls' education activities. In Iraq, 4.6 million children received UNICEF-supplied educational kits.

104. In Liberia, a comprehensive Girls' Education Policy was completed with the support of UNICEF. In Mozambique, Nepal and Nigeria, important new national policies for accelerating girls' education were also developed. In 52 per cent of UNICEF-assisted countries, the Government and/or UNICEF has undertaken a gender review of the education sector in the last three years. Many of these countries are now undertaking gender reviews of the education budget and focusing more on districts with low girls' enrolment and issues of school safety.

Table 3
MTSP programme indicators — Girls' education

Indicator	*2002*	*2003*	*2004*	*2005*
National EFA plans include explicit measures to help girls out of school	66	71	80	81
Measures to help reduce number of girls out of school are implemented at national scale	40	41	51	55
Gender review of the education sector undertaken (by Government and/or UNICEF) in the last three years	37	56	66	65
Official national standards exist to promote a child-friendly, gender-sensitive school environment	33	31	41	44
Government is taking specific measures to boost % of girls entering post-primary school	47	50	55	54

D. Fighting HIV/AIDS

Millennium Development Goal 6: Combat HIV/AIDS

The context

105. In the last 25 years, AIDS has become the leading cause of premature death among adults in sub-Saharan Africa and the fourth largest killer worldwide. More than 20 million people have died of AIDS-related causes since the epidemic began. And by the end of 2005, an estimated 40.3 million people were living with HIV. Nearly two thirds of them live in sub-Saharan Africa, where the prevalence rate among adults has reached 7.2 per cent. In sub-Saharan Africa, 57 per cent of those infected with HIV are female. AIDS is not only a cause of extreme human suffering. It also debilitates the basic services on which all development goals depend, exacerbates gender inequalities and undercuts the national workforce.

The response

106. Both the epidemic and the global response have changed significantly since HIV/AIDS was first documented more than 20 years ago. There is now evidence of falling national adult prevalence in highly-affected Côte d'Ivoire, Dominican Republic, Haiti, Kenya, Malawi and Zimbabwe, and in some states in India. The "feminization" of the epidemic is most apparent in sub-Saharan Africa, where approximately 57 per cent of those living with HIV are women. Among 15-24 year-olds, two females are infected for every new infection among males. This has serious implications for children, as in the absence of intervention, up to 40 per cent of HIV-infected women can transmit the virus to their babies.

107. A child under age 15 dies of an AIDS-related illness every minute and there are almost 1,800 new paediatric infections per day. Globally, 15 million children have lost at least one parent to HIV/AIDS and by 2010, approximately 18 million children in sub-Saharan Africa alone will have lost at least one parent. Millions of children live with sick and dying parents, relatives and siblings and are further affected as health workers and teachers fall ill and die.

108. The paradigm shift in the response to HIV/AIDS has been most evident in funding mechanisms and initiatives such as the GFATM, the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the World Bank Multi-Country HIV/AIDS Program for Africa. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has expanded to include 10 co-sponsors. The combined efforts of partners have contributed to more determined national political leadership on HIV/AIDS. Nonetheless, there have been few measurable gains for children as the epidemic continues to undermine progress across the Millennium Development Goals and in meeting children's rights.

109. **Young people and HIV/AIDS.** There are some 2 million new infections among 15-24 year-olds each year. UNICEF has supported actions and partners to ensure that young people have access to information, life skills-based education and services to reduce their vulnerability to and risk of HIV infection. Many of these efforts have been relatively small-scale but joint programming with UNFPA and WHO and wider collaboration with NGOs are helping to expand them. With the advent of greater access to anti-retroviral (ARV) treatment, less global attention and

funding have recently been given to prevention. Sustained attention is needed to both treatment and prevention.

110. **Prevention of mother-to-child transmission of HIV (PMTCT)** is a proven and feasible action to fight the epidemic. However, only in the past three years have Governments significantly increased their commitment, based in some cases on pilot programmes supported by UNICEF. To date, over 100 countries have established PMTCT programmes, with 16 achieving national coverage. Knowledge about the risk of transmission has significantly improved. In 46 countries surveyed in 2001 and 2003, the number of women being offered PMTCT services more than doubled, to 5.5 million. At the global level, the Partners' Forum on PMTCT has helped to revitalize this area and the Partners Forum on Children Affected by HIV and AIDS has been an important mechanism for reviewing progress and building consensus.

111. UNICEF estimated in 2004 that some 10 per cent of pregnant women globally were counselled and 8.7 per cent of HIV-infected women received ARV prophylaxis to reduce the risk of transmission to their babies. Progress has been significant, but remains far from the 2005 target set by the General Assembly Special Session on AIDS.

112. **Care and support for children and their families living with HIV or AIDS.** Recent estimates from UNAIDS and WHO suggest that about 2.3 million children under 15 years of age are living with HIV/AIDS, 660,000 of whom need ARV therapy. In highly affected countries, up to 58 per cent of U5MR is attributable to HIV. Many countries are still in the early stages of scaling-up the provision of paediatric HIV care, support and treatment and have few sites able to provide services.

113. Following agreement during the MTR that HIV/AIDS care and support needed greater attention, UNICEF convened consultations which identified a range of urgent actions: finalization of paediatric diagnosis and clinical staging guidelines; review of current treatment guidelines; expansion of PMTCT programmes; modelling of comprehensive care, support and treatment responses; negotiation of price reductions for paediatric formulations; and the development of information and forecasting systems. Revised guidelines for ARV treatment of HIV infection in infants and children in poor countries were made available through WHO in late 2005. UNICEF has consulted with major pharmaceutical companies on the production of paediatric formulations for use in poor countries, which are expected to become available in mid-2006.

114. **Good practice examples.** Among the new approaches that have emerged as models with potential for achieving a positive impact for children and families are: the mobilization of the voluntary sector for care of children orphaned or made vulnerable by HIV/AIDS (OVCs) in the Democratic Republic of Congo; Ghana's "Alert School" certification programme, which aims to provide a comprehensive approach to HIV prevention with a strong element of peer education; and Liberia's work with the inter-faith community to reach young people. Drawing on these and many other emerging examples, UNICEF can add value by bringing local and international experiences from various disciplines to the national level.

Key target: Protecting OVCs

115. This target was adopted by the MTR to accelerate UNICEF work and focus on OVCs. Within the United Nations family, UNICEF has provided leadership in developing a framework to guide the work of partners in this area. During the MTSP period, some 60 countries adopted strategies to ensure protection and care for OVCs. In a first phase, 16 African countries were supported in rapid assessment, analysis and action planning. UNICEF has led an inter-agency task team on advocacy, planning and support to implementation in Africa, Latin America, CEE/CIS and more recently in Asia. A number of countries are now implementing innovative strategies to respond to the crisis, including community approaches to keeping children in school (Swaziland), abolition of school fees (Kenya) and promotion of early learning and school feeding programmes (Malawi).

116. Major challenges still lie ahead, including: the need to align national responses to OVCs with current HIV/AIDS plans, more general child welfare provisions and overarching poverty reduction strategies; the weak capacities of social affairs ministries and the low priority given to OVCs within national plans; the limited capacities of civil society organizations (CSOs) on which OVCs primarily depend for assistance in many countries; and the special challenges of mounting responses for OVCs in countries with lower HIV prevalence.

117. It is clear that responses for OVCs must build strong connections to other initiatives, such as those for PMTCT-Plus and paediatric treatment. Good coordination at national level is needed to avoid vertical programming and ensure effective working relationships among service providers.

118. **Constraints.** The continued inadequacy of epidemiological data, research and monitoring systems remains a challenge in many countries. This has been acute in such areas as indicator development and the measurement of behavioural change. Additionally, many UNICEF offices initially found it difficult to achieve an effective balance between support to pilot and macro-level interventions for HIV/AIDS. This sometimes resulted in a limited role in national advocacy, policy and programme development. However, UNICEF offices are increasingly playing a strategic role at the national level and complementing the roles of such major funding partners as the GFATM and the World Bank.

119. A 2004 study by UNICEF and the World Bank found that issues concerning children and AIDS were minimally reflected in poverty reduction strategies in Africa and that the issue of children affected by HIV/AIDS was in most cases overlooked, despite its major implications for addressing poverty.

120. Other continuing challenges include the proliferation of actors, limited technical capacities, weak national systems and an inadequate United Nations system-wide approach to providing support. Focal ministries for children are often underfunded, which reinforces the marginalization of children affected by AIDS. Despite the wider adoption of programmes, not all education ministries recognize life skills-based education as an important part of the curriculum. Similarly, attempts to integrate youth-oriented health services into health sector "minimum packages" have yet to gain traction. The introduction of PMTCT-Plus, including treatment for parents, is constrained by the lack of capacities to follow up with clients. Finally, many of the countries which successfully developed strategies to

tackle various aspects of the HIV/AIDS crisis during 2002-2005 (see table 4) lack operational plans and budgets for their implementation.

121. **Partnerships.** During the period 2002-2005, the growing range of innovative partnerships for resource mobilization included support by the United Kingdom Department for International development (DFID) for HIV/AIDS interventions at global and regional levels; the Organization of Petroleum Exporting Countries for PMTCT and children affected by HIV/AIDS; and the Government of Brazil, through its "plus 7" initiative to provide a South-South mechanism for supporting seven countries to improve access to treatment.

122. Among the UNAIDS co-sponsors, UNICEF and WFP are moving towards joint programmes which make strategic use of food in support of scaling-up PMTCT, care and treatment. This partnership is also reviewing evidence on school feeding, the use of take-home rations and the use of food in social transfers. There is now a wide range of United Nations joint programmes helping countries to address HIV/AIDS. UNICEF continued its collaboration with PEPFAR and with WHO on PMTCT and paediatric treatment issues in the context of the "3 by 5" Initiative. All these initiatives will positively influence the way UNICEF works in the new plan period.

123. UNICEF also helped to inaugurate promising partnerships that bring together advocacy and technical expertise in line with the "three ones" principle (support to one national plan, one coordinating mechanism and one monitoring and evaluation mechanism) and the Global Task Team recommendations approved by the UNICEF Executive Board in September 2005. These include: the Acceleration of HIV Prevention campaign with UNAIDS and WHO in Africa; regional directors' working groups; and a network of education ministry focal points for AIDS for West African countries.

124. Overall, it is clear that the response to the HIV/AIDS epidemic is entering a new era. Based on the "three ones", there is now a distinct move from global-level advocacy to strong support for country-level implementation of comprehensive, nationally-led programmes. The changes call for new ways of working based on synergy and consistency of approach among partners.

125. **Highlights of activities and results in fighting HIV/AIDS in 2005.** The *Unite for Children, Unite against AIDS* global campaign was launched in October 2005 by UNAIDS, UNICEF and other partners in over 30 countries to alert the world to the fact that children are largely missing from the global AIDS agenda. The campaign provides a platform for urgent and sustained programmes, advocacy and resource mobilization to limit the impact of HIV/AIDS on children and help halt the spread of the disease. The campaign promotes a child-focused framework for action around the "four P" imperatives: PMTCT; provide paediatric treatment; prevent infection among adolescents and young people; and protect and support children affected by HIV/AIDS. The campaign aims to scale up efforts in all of these areas with a focus on integration, partnerships and support for nationally-owned programmes, in line with the "three ones" and as a contribution to the Millennium Development Goals and more recent commitments on AIDS following the 2005 G8 Summit and World Summit.

126. The call to action resulting from the Global Partners' Forum meeting held in Nigeria was a critical first step in the global scaling-up of PMTCT. UNICEF contributed to significant expansions in PMTCT services in Namibia, Nigeria,

Swaziland, Uganda, Zambia and elsewhere. In Nicaragua and Peru, UNICEF supported initiatives to increase access in isolated and indigenous communities.

127. The UNICEF/WHO paediatric care, support and treatment consultations on drug formulations, treatment guidelines and cotrimoxazole helped to provide guidance for implementation. Progress was made though the partnership with Governments, Baylor University, the Clinton Foundation and WHO on PMTCT and paediatric treatment, specifically the provision of cotrimoxazole. Centres of excellence in Botswana and Lesotho are providing treatment to children living with HIV/AIDS and training health workers on clinical management.

128. New comprehensive national HIV/AIDS policies or strategies were drafted or adopted in Serbia and Montenegro, Swaziland and Zimbabwe. In China, UNICEF assisted in the development of the first provincial-level policy on children affected by HIV/AIDS. In West and Central Africa, a number of national AIDS programmes established strategic plans for 2006-2010.

129. UNICEF continued to sponsor a wide range of studies and assessments to improve national knowledge of HIV/AIDS. These included national situation analyses on affected children in Bangladesh and Viet Nam; infant feeding and HIV/AIDS studies in Rwanda and the United Republic of Tanzania; and studies on awareness in schools in Djibouti and Zambia. UNICEF also assisted surveys of the situation of OVCs in several African countries.

130. UNICEF support also helped to increase access to higher-quality, youth-friendly health services that provide age-appropriate and confidential information and services on HIV/AIDS, reproductive health and healthy life styles. Service networks continue to expand in CEE/CIS and in other regions. Increasing numbers of young people at risk are being reached through mobile programmes, such as the "Bashy Bus" in Jamaica.

131. A high-level international consultation was held to consider approaches to social protection and welfare, including for OVCs. The UNICEF-supported cash subsidy initiative for OVCs in Kenya showed a positive initial impact and a larger pilot will be initiated in 2006.

132. UNICEF almost doubled the value of its ARV drug procurement to $33.5 million in 2005, from $18.4 million in 2004, with an additional $8 million spent on other HIV/AIDS-related supplies and equipment. Over 96 per cent of ARV purchases were for procurement services partners. Such support helped to substantially increase the number of children and adults with access to therapy, and in the Russian Federation, UNICEF helped to achieve a major reduction in ARV costs.

Table 4
MTSP programme indicators — Fighting HIV/AIDS

Indicator	*2002*	*2003*	*2004*	*2005*
National situation analysis on HIV/AIDS and children/youth has been undertaken	70	74	66	75
National strategy approved to take PMTCT to scale	65	84	80	93
National strategy approved to take prevention of HIV among young people to scale	80	88	89	92
National strategy approved to take school-based life skills education to scale	64	71	79	87
National strategy approved to take action for protection/care of OVCs to scale	31	36	47	60
National strategy approved for comprehensive care for HIV-infected children and their families	n.a.	32	46	48

E. Protection of children from violence, abuse and exploitation

133. Preventing and addressing violence, abuse, and exploitation of children is integral to the fulfilment of the Millennium Declaration and Millennium Development Goals. While focusing on the most glaring failures, the role of UNICEF is to mobilize partners towards the realization of children's rights to protection, and to strengthen the capacities of Governments to ensure that children have adequate protection under national justice, penal and social welfare systems in both emergency and non-emergency situations.

134. The MTR emphasized that UNICEF has a clear comparative advantage and role in child protection. It was assessed as an increasingly well-performing area for UNICEF, notably in support of policy and legislative reform and in encouraging intercountry collaboration to tackle child trafficking. The review noted the usefulness of the "protective environment" approach in providing a coherent basis for rights-based work on child protection. The approach facilitates UNICEF engagement with partners, helps to highlight the accountabilities of different sectors for child protection and is supporting the organization's move away from small projects for specific groups of children to promoting more comprehensive changes in social and institutional environments.

135. There has also been progress in the use of integrated approaches which strengthen protective measures across sectors. Promising examples include: linking birth registration to immunization services and school enrolment; developing school programmes to detect forms of child labour that prevent school attendance and to re-enrol child workers; and strengthening the capacities of health services to detect and manage child abuse. Through the MTSP, the UNICEF approach to childhood disabilities has emphasized reforms to enable the de-institutionalization of children where possible and the mainstreaming of children with disabilities into education and health systems.

136. Since 2003, UNICEF has also made stronger efforts to communicate to United Nations and national partners the close linkages between child protection and the Millennium Development Goals. There has been some success in integrating

protection issues within poverty reduction strategies and in linking child protection and the Goals within the United Nations Development Assistance Framework (UNDAF). Joint work with United Nations partners is growing in the areas of good governance, access to social protection, child labour, policy reform for child care and juvenile justice, and violence against children and women. Examples include joint United Nations projects in Eritrea on the resettlement of displaced children and in South Africa to address violence against children and women in the context of poverty alleviation and HIV/AIDS.

137. Indicators are now in use for monitoring children in public care, juvenile justice, child marriage, female genital mutilation/cutting (FGM/C) and violence. Work with the International Labour Organization (ILO) and other partners on the development of indicators for the worst forms of child labour has been phased to the new MTSP period. Analysis of the national and local protective environment will be strengthened further once the new indicators are incorporated in national routine data collection and reporting, as envisaged under the MTSP for 2006-2009.

138. **Programme indicators.** Almost all key MTSP programme indicators for child protection showed a positive trend over the plan period (see table 5). Analysis of protection issues has become much more systematized at country level. The estimated number of programme countries where national standards appear to adequately protect children deprived of their liberty or in formal care doubled over the course of the MTSP to 26, although this still leaves much work to be done.

139. Some 78 UNICEF country offices reported public recognition of child trafficking issues by the Government in 2005, up from 64 in 2002. Public recognition of sexual exploitation of children has been slightly greater. Regional patterns suggest generally higher levels of government recognition of sexual exploitation in West and Central Africa and Latin America and the Caribbean, and lower levels of recognition of both these issues in the Middle East and North Africa region.

140. There has also been some progress in including child labour in national data collection and statistical systems. In 2005, some 57 UNICEF offices indicated that the Government was collecting routine data on the worst forms of child labour, an increase of 10 from 2002.

141. Violence against children has been high on the child protection agenda at country level throughout the MTSP period. There has been a steady increase in the number of countries reporting a review of legal standards to protect children from violence within the last three years, backed by increasing efforts by UNICEF offices to raise awareness.

142. **Constraints.** International experience in child protection remains weak compared to other priority areas for children within the Millennium agenda. A second main constraint continues to be relatively limited funding, human resource levels and capacities among key actors. UNICEF should, where appropriate, provide strategic support to the planning and service-delivery capacities of social welfare ministries, which are crucial in providing a strong protective environment for children, as well as to CSOs which play a complementary role. Emphasizing the linkages between child protection and the Millennial Goals should also help in mobilizing resources for social welfare and justice programmes.

143. The lack of a comprehensive approach to child protection also continues to hamper effective action. Child protection is still often seen only as an issue of charity rather than one of both human rights and development. Considerable time is often required to promote social consensus around child protection issues and how they should be tackled. Clearly, UNICEF cannot do this alone.

144. **Partnerships.** Expanded partnerships have been a notable feature in the evolution of child protection work and are essential for building common understanding and consistent approaches. UNICEF has assisted in widening collaboration at country, global and regional levels and is now a key member of inter-agency networks on juvenile justice, unaccompanied and separated children, FGM/C, better care, the United Nations Study on Violence against Children, protection from sexual exploitation and abuse, and mental health and psychological support in emergency settings. Major partnerships include those with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), UNFPA, the Office of the United Nations High Commissioner for Refugees and WFP in emergency and post-conflict situations, and with the United Nations Development Fund for Women on sexual and gender-based violence. UNICEF has worked closely with ILO and the World Bank, among others, on child labour and the demobilization and reintegration of child soldiers.

145. Additional partnerships to which UNICEF contributes from an advocacy and policy perspective include the Inter-Parliamentary Union (IPU) and the Steering Committee on the code of conduct against child sex tourism. The MTSP period has also seen growing levels of collaboration with regional bodies in the Middle East and Europe, in addition to well-established relationships with intergovernmental organizations elsewhere.

146. Many child protection partnerships are still fairly new, including those with the private sector. In one of the most dynamic examples, UNICEF is working with the tourism industry to take action against both child labour and the sexual and commercial exploitation of children.

147. **Lessons learned.** By supporting legislative reform, national monitoring and attitudinal change, building capacities among those working with children and promoting discussion through media and civil society, UNICEF is increasingly able to place child protection "upstream" in the policy arena, and to promote systemic change. Issues like discrimination and birth registration are increasingly seen as challenges across sectors. Within the context of United Nations reform, there are growing opportunities for UNICEF to help countries in addressing multiple child protection challenges in a holistic manner. Even where its presence is limited, UNICEF is able to break new ground in sensitive areas. Its expertise and ability to advocate on child protection are also of relevance in industrialized countries. UNICEF will need to continue to function as a lead advocate, authority and convener of partners, based on international standards. A key lesson is the importance of a coordinated approach to child protection, its integration with national policies and its adoption by all relevant sectors.

148. Despite remaining weaknesses in the organization's own capacity, special efforts are now being made for building capacities for child protection in emergencies. The new MTSP and the Core Commitments for Children in Emergencies (CCCs) provide a robust framework for emergency action. This was seen in the strong response to the Indian Ocean tsunami, which was based on

established programmes, knowledge networks and an ability to influence the work of partners, and which provided an opportunity to promote longer-term investments in key institutions for a future protective environment for children.

149. The limited growth of UNICEF regular resources income during the MTSP period and some difficulties in raising other resources continued to be factors affecting overall performance in child protection (as was the case for other priorities, notably fighting HIV/AIDS). A key challenge for stakeholders is to develop a comprehensive resource mobilization strategy based on the potential of child protection innovations for development progress, and its importance in emergency response.

Key target: Progress on the CCCs in the area of child protection

150. As of January 2006, 121 countries had signed the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict, and 114 countries had signed the Optional Protocol on the sale of children, child prostitution and child pornography, up from 16 each in 2001.

151. UNICEF led efforts for the disarmament, demobilization and reintegration (DDR) of children in many conflict-affected countries, particularly in West Africa, South Asia and Latin America. This growing body of experience is being used for developing global standards in this area. Working with 14 other United Nations agencies, UNICEF is leading the preparation of an approach on children and DDR as part of the United Nations integrated system. Training for humanitarian personnel and peacekeepers on child protection and the special needs of children and women has been conducted in a number of countries.

152. An Inter-Agency Standing Committee (IASC) Task Force on Sexual Exploitation and Abuse was established in 2002, co-chaired by UNICEF and OCHA. Efforts for the protection of women and children from sexual violence in humanitarian crises led to the issuance of the Secretary-General's Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse (ST/SGB/2003/13) in 2003. UNICEF has promoted knowledge of and compliance with these standards among United Nations personnel through development of reporting mechanisms and training materials for staff and partners. Together with OCHA, UNICEF also developed and tested inter-agency training materials for raising awareness on gender-based violence in emergencies.

153. UNICEF has also participated in the development and dissemination of guidelines and training on HIV/AIDS in emergencies. UNICEF has been increasingly expected to lead efforts on prevention and response to sexual violence. The commitment to provide post-rape care in particular will require increases in capacities and available resources.

154. The growing number of conflicts and natural disasters has also led to increasing needs among children and families for psychosocial support. UNICEF is supporting the establishment of a practitioners' network to promote learning among humanitarian and academic organizations.

155. **Highlights of child protection activities and results in 2005.** In the aftermath of the Indian Ocean tsunami, all separated and unaccompanied children and children who lost one or both parents were rapidly registered and nearly all were placed with extended families within a few months.

156. UNICEF contributed to increasing knowledge on violence against children through its participation in the United Nations Study in 31 countries. The participation of children was facilitated in the consultation process, including in nine regional consultations.

157. A cooperation agreement against child trafficking was signed by nine West African countries; the new Council of Europe Convention on Action against Trafficking in Human Beings incorporated provisions relating to child trafficking; and bilateral cooperation agreements were reached between China and Cambodia, and Cambodia and Viet Nam.

158. Plans of action on commercially sexually exploited children and trafficking of women and children were approved or drafted in Mongolia, Pakistan and Papua New Guinea. In Burkina Faso, Eritrea, Myanmar, Pakistan, Sudan and elsewhere, support was provided for the reintegration into communities of children who had been trafficked and/or exploited. The ability of UNICEF to promote cross-border collaboration on sensitive issues was also seen in the Middle East, where 1,000 children formerly involved in camel racing were repatriated for family reunification.

159. In Brazil, UNICEF promoted inclusion in school for over 100,000 child workers and supported a public awareness-raising campaign on child labour. In Senegal, the eradication of child labour was identified as a priority for utilization of debt relief funds from the Government of Italy.

160. UNICEF assistance has reached some 2,520 child soldiers in Colombia since 1999, providing them with health and psychosocial care, life-skills education, shelter and legal support. Nearly 800 child soldiers were demobilized in Burundi and 200 in Sri Lanka.

161. In Burkina Faso, the incidence of FGM/C was found to have decreased from 66 per cent in 1996 to 40 per cent in 2005. Several states in Nigeria passed laws against FGM/C. Partly due to UNICEF advocacy, the Maputo protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa, which prohibits FGM/C, entered into force in November 2005.

162. Studies produced by the UNICEF Innocenti Research Centre contributed to advocacy for children in the areas of social and economic policy and child poverty, the promotion of international standards for children, and protection of children from violence, exploitation and abuse. A comparative review of the implementation of the Convention on the Rights of the Child through legislative reform in various legal traditions will be published in 2006.

Table 5

MTSP programme indicators — Child protection

Indicator	*2002*	*2003*	*2004*	*2005*
Analysis initiated of impact on children of violence, abuse, exploitation, discrimination	91	109	113	118
National standards in place which adequately protect children deprived of liberty	13	23	22	26
Government has made public statements recognizing the problem of child trafficking	64	80	73	78
Government has made public statements recognizing the problem of child sexual exploitation	70	84	83	85
Regular data/statistical systems include the worst forms of child labour	47	52	57	57
Review of legal standards that protect children from violence held in the last three years	61	78	87	91

F. Emergency preparedness and response

163. Humanitarian crises and post-crisis transitions are environments in which UNICEF continues to work for the achievement of the Millennium agenda. During the MTSP period, the CCCs continued to guide the UNICEF humanitarian response.

164. A steady evolution has taken place in UNICEF participation in and contribution to humanitarian reform and the United Nations reform process. Within the "cluster lead" approach agreed upon in 2005 by the IASC, UNICEF has assumed the lead role for nutrition, water and environmental sanitation, and data communications. In addition, UNICEF will assume leadership roles in some aspects of child protection and an important implementing role in health. The cluster lead approach is being tested, including in Pakistan, and its initial performance is being reviewed.

165. During the 2002-2005 period, approximately one third of the countries with which UNICEF cooperates were responding to crises and emergencies. By 2003, some 25-30 per cent of UNICEF income was emergency funding. In 2005, this funding reached $1 billion, a large part for response to the Indian Ocean tsunami but also including a significant increase in funding for other emergencies.

166. There have been several evaluations of the UNICEF humanitarian assistance since the MTR, including internal reviews of specific country responses, an evaluation of the DFID/UNICEF capacity-building programme, the OCHA Humanitarian Response Review and a lessons learned exercise from the tsunami. There is consensus on important improvements in the UNICEF humanitarian response over the past years. Advances have been made in simplifying emergency preparedness planning – an essential step for the delivery of life-saving interventions – and linking it to the CCCs.

167. The assessments have also confirmed that UNICEF has strengthened its human resources management with the establishment of a global rapid response team and the development of external stand-by arrangements. Nonetheless, they also indicate

that UNICEF must make additional progress to ensure a timely, reliable and high-quality humanitarian response. Humanitarian operations and the CCCs are fully incorporated within the focus areas and operational strategies of the MTSP for 2006-2009.

168. **Responses to major emergencies in 2005.** The scale of the disaster caused by the Indian Ocean tsunami required an unprecedented response. Governments, United Nations agencies, civil society groups, the military and other partners responded quickly with medical evacuations, food and clean water, emergency medical supplies and vaccination campaigns. Child deaths from preventable diseases were avoided. Most students were able to return rapidly to school and early fears of trafficking and exploitation were allayed.

169. Coordination of an international response involving eight countries and thousands of agencies was perhaps the greatest challenge ever faced by the humanitarian community. Local capacities were stretched beyond their limits and required strong support. UNICEF capacities were tested by the need to respond to the disaster while also working in dozens of other emergencies. UNICEF had to ensure that both the response itself and the systems behind it were solid, transparent and trustworthy.

170. The crisis demonstrated the vital role of the private sector in providing funds, supplies and technical assistance. National Committees for UNICEF helped to supply a rich pool of communications talent and to secure early, flexible funding. The tsunami also demonstrated the importance of investing in early warning and preparedness at national and local levels and in collaborative systems globally. UNICEF continues to have a key role to play as a member of United Nations country teams in advocacy and building the capacities of Governments to protect children against natural disasters.

171. The earthquake that struck Pakistan, India and the Islamic Republic of Afghanistan in October 2005 created enormous humanitarian needs over a vast and difficult terrain. More than 75,000 people were killed in India and Pakistan, over half of them children. Some 3.3 million people were made homeless. More than 10,000 schools and 1,000 health centres were destroyed, and virtually all water supply systems were damaged.

172. The response has been led by the affected countries, with strong collaboration between the United Nations system and national and local relief authorities, military units and NGOs. In this emergency as elsewhere, UNICEF benefited from its long-standing work in the countries and from its experienced national staff, many of whose families also suffered from the earthquake.

173. In Pakistan, UNICEF supported the Government in co-leading the technical cluster responses in water and sanitation, protection, education and data communications. UNICEF also shared the lead in the food and nutrition cluster with WFP. By the end of 2005, there had been no major disease outbreaks and systems were being put in place to monitor the health, nutrition and protection status of children affected by the earthquake. Pre-positioned stocks enabled UNICEF to provide large-scale assistance within 48 hours. Over 500,000 people received safe drinking water. More than 57,000 children resumed learning and recreational activities, and a strategy for the rehabilitation of orphaned and disabled children is being developed. In India, UNICEF supported the Government to immunize

children against measles, provide vitamin A and ORS, and also provided water storage and treatment supplies for about 50,000 people.

174. In 2005, the Caribbean was affected by 14 hurricanes, three of which were classified as Category 5. The majority of appeals launched in support of the response met with rapid and consistent support from donors, allowing UNICEF to provide early assistance with water and sanitation materials, emergency kits, advocacy for child protection and psychosocial support. Early financing and inter-agency preparedness were key to timely, effective response.

175. At the request of the Secretary-General and as part of the United Nations system's overall response, UNICEF provided limited and timely technical support and supplies to assist families affected by Hurricane Katrina.

176. In Sudan, continuing conflict in the Darfur region affected 3.4 million people and continued to create grave humanitarian needs. UNICEF and its partners managed to reach 2 million people, some 60 per cent of the affected population, with essential health-care services. Some 900,000 people were provided with safe water supplies directly by UNICEF. A safe motherhood initiative also improved antenatal care services for more than 17,000 women in Southern Sudan.

177. Interventions by partners helped to reduce crude mortality rates in Darfur from 2 per 10,000 in 2004 to 0.8 per 10,000 in 2005, and rates of acute malnutrition among children from 21.8 to 11.9 per cent. UNICEF supported 54 therapeutic and 100 supplementary feeding centres, which treated 12,000 severely malnourished children and 90,000 moderately malnourished children.

178. In Niger, an agricultural deficit linked to insufficient rainfall and locust invasions placed nearly 3.3 million people in a situation of acute food insecurity. In close collaboration with the Government, UNICEF led the nutrition response to the emergency, coordinating national and international NGO efforts and providing supplies to treat malnourished children. WFP provided food in Zinder region for young children who were at risk of malnutrition and for their families. More than 90 per cent of children in the feeding programmes recuperated, and the mortality rate remained low. Excellent collaboration between the NGOs and health centres contributed to this success.

179. The Niger crisis illustrated that chronic child undernutrition should be addressed as a structural problem through longer-term policies. UNICEF and its partners also need to invest in nutritional surveillance in countries where systems are weak and lead to the problem being obscured.

III. United Nations reform and partnership initiatives

180. During 2005, UNICEF took a number of initiatives to strengthen its strategic approach to partnerships. These are designed to increase the UNICEF contribution to all aspects of the reform process, and the effectiveness of the work of the entire United Nations system for children and the child-focused Millennium Development Goals.

181. **United Nations reform.** The Executive Heads of the United Nations Development Programme, UNFPA, UNICEF and WFP agreed in late 2005 to strengthen the Resident Coordinator/Humanitarian Coordinator system through a

series of measures including improvements to the selection process and performance evaluation. In the last two years, the Regional Directors' teams have emerged as a critical support and oversight mechanism for United Nations country-level work. Based on experience gained in Southern Africa, other regional teams are moving forward to harmonize and strengthen their support to country teams. Regional Directors now meet to analyze the Resident Coordinators' reports at the start of each year.

182. Initiatives in common services and global standards are bearing fruit. "First generation" changes for office-support services, such as security, office supplies and travel, are underway and more fundamental changes are being considered. These include the launch of an "integrated United Nations presence", as is underway in Sierra Leone following the completion of peacekeeping operations. In other post-crisis situations, agencies are considering a similar approach to United Nations representation at district level through the appointment of a lead agency, depending on the country situation.

183. The establishment of the joint office in Cape Verde is another example of integration and enhanced inter-agency collaboration through simplification and harmonization. This model is providing better insight into the challenges of harmonizing business processes, and is also informing the efforts to simplify the common country programme process.

184. With respect to the peace-building agenda and the outcome document of the 2005 World Summit, UNICEF participated extensively in inter-agency forums on the Millennium Development Goals, post-crisis transition, emergencies and early recovery. A brief paper was developed on United Nations reform and what it means for children, which will be shared with the High-Level Panel on system-wide coherence in the areas of development, humanitarian assistance and the environment. UNICEF made major contributions to the United Nations Development Group's tools and guidance on Goal-based planning, capacity development, post-conflict needs assessments, the review of multi-donor trust funds and transitional workplans. UNICEF also contributed to the development of the terms of reference of the Peacebuilding Support Office, including the articulation of human rights-based approaches and is engaged with partners in the formulation of country specific peacebuilding strategies.

185. **Civil society partnerships.** The need for UNICEF to improve its performance in developing and managing strategic partnerships with CSOs at all levels is a priority for achieving the Millennium Development Goals and the goals of *A World Fit for Children*. In conjunction with the new MTSP, UNICEF initiated an evaluation of its partnerships with civil society. This will assess CSOs' perceptions of UNICEF and recommend strategies for strengthening UNICEF policies and practices.

186. Following the 2003 Summit of the Organization of the Islamic Conference (OIC), UNICEF adopted a broader approach to engaging with partners on the situation of children in the Islamic world. UNICEF, the OIC and the Islamic Educational, Scientific and Cultural Organization issued the joint publication, *Investing in the Children of the Islamic World*, which was the key background document for the First Islamic Ministerial Conference on the Child, held in Morocco in November 2005. The Conference Declaration called for an end to harmful traditional practices, elimination of gender disparity in education and urgent action

to address the high rates of child and maternal mortality in some Islamic countries. It also called for mechanisms to promote the exchange among OIC Member States of expertise on policies relating to children's rights.

187. A new manual, *Children in Islam, Their Care, Protection and Development*, was developed by Al-Azhar University and UNICEF. It is intended as a useful resource, for both Muslim and non-Muslim constituencies, for disseminating information on child survival, development and protection from the perspective of Islam.

188. The UNICEF partnership with the IPU has become particularly dynamic. In 2005, UNICEF and the IPU published *Handbook for Parliamentarians: Combating Child Trafficking* and organized a panel on the impact of armed conflict on children and women during the IPU's Annual Assembly. The organization of a successful conference on the role of parliamentarians in ending FGM/C in West Africa also suggests that the global partnership is beginning to yield results.

189. In the last two years, the Global Movement for Children, of which UNICEF is a founding member, has used the World AIDS Day "Lesson for Life" to raise the visibility of children in the AIDS crisis and to engage children themselves in the response. In 2005, this initiative reached over 12 million children in schools and youth groups in 67 countries. There is great potential to mobilize children and young people to take part in a simple, interactive learning event on World AIDS Day and the Global Movement will seek to expand its coverage in 2006.

190. Sports, recreation and play are increasingly important elements of development programmes around the world. Alliances with sports organizations and sports activities form part of UNICEF work in over 80 countries. Several 'flagship' countries are providing opportunities to develop models in the use of sports to contribute to HIV prevention, basic education and child protection.

IV. Programme management and operational performance

Table 6
Programme management indicators, 2002-2005

Indicator	*2002*	*2003*	*2004*	*2005*	*New MTSP target for 2009*
% country offices with annually updated emergency preparedness/response plan	65%	74%	81%	85%	100%
% new country programme documents referring to observations of Committee on the Rights of the Child and/or Committee on the Elimination of Discrimination against Women [Source: UNICEF headquarters]	n.a.	31%	77%	89%	100%
% donor reports submitted on time	64%	65%	62%	71%	85%
% country offices with internal quality control mechanism for donor reports	n.a.	77%	84%	89%	n.a.
% country offices with monitored fund-raising strategy for approved other resources	53%	70%	80%	81%	n.a.
Days spent on in-country field travel by Professional staff members (average)	11.3	23.2	23.0	23.8	n.a.
% programme evaluations rated satisfactory or better, based on United Nations standards [Evaluation Office*]	73%	66%	87%	83%	80%
% Professional staff who undertook Programme Process training in last 5 years	56%	50%	55%	61%	n.a.

Source: Annual reports of country offices, except where indicated.

* Broad estimates, based on evaluations received by UNICEF headquarters in English only. The United Nations standards were released in 2004 and ratings for some earlier evaluations may change.

191. Key programme management indicators used in the 2002-2005 plan period showed improvements or were stable. Major efforts were made throughout the period to extend the use and improve the quality of planning for emergency response. Gains in this area, and in time spent on field travel for programme monitoring, were seen early in the plan period. More recent improvements were seen in the use of observations from the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women in preparation of country programmes; the use of country-level fund-raising strategies for approved other resources; and staff training in the programme process. Headquarters ratings of a limited number of evaluations suggest fluctuating but overall improved quality during the plan period.

192. Improvements in the timeliness of donor reporting were seen in 2005 and further progress will be sought in the new plan period. Late reporting is especially prevalent in offices in sub-Saharan Africa, many of which prepare large numbers of reports. Greater use of internal quality-control mechanisms may have improved the overall quality of donor reporting. More systematic feedback from donors on reports would be helpful in monitoring their quality.

193. Other programme management challenges identified in the MTR continue to persist to some degree, including weaknesses in the setting of annual objectives; inconsistent use of performance management reports and the integrated monitoring

and evaluation plan; and in support to emergency operations management. In these and other areas, improvements are being sought through a combination of learning materials and courses, updated guidelines and focus by regional offices and field audits. In addition, an organizational system of key performance indicators is being introduced and a comprehensive performance monitoring system for emergency programme response and sectoral leadership will be developed in 2006.

Table 7
Operations management indicators, 2002-2005

Indicator	*2002*	*2003*	*2004*	*2005*	*New MTSF target for 2009*
Management/administration/programme support costs as % of total regular and other resources	20.8%	19.6%	20.0%	15.3%	18.7% as of 2007
% available regular resources for programmes spent by year-end	90.2%	92.2%	91.3%	93.1%	95%
% cash assistance to national partners outstanding for over nine months at year-end	6%	5%	8%	3%	5%
% audit observations closed by 1 July of following year	68%	73%	82%	62%	90%
% recruitment for regular posts completed within 90 days	n.a.	n.a.	47%	17%	100%
% recruitment for emergency posts completed within 30 days	27%	15%	18%	24%	To be determined
% performance assessment reports signed by first supervisor by February of following year*	n.a.	60%	58%	59%	100%
% total staff costs spent on learning and staff development	n.a.	n.a.	n.a.	1.4%	3%
% of staff who spent more than 10 days on planned learning	n.a.	n.a.	n.a.	36%	50%
% country offices with workplan/budget to implement UNICEF standards on HIV/AIDS in the workplace*	n.a.	37%	57%	59%	n.a.
Staff orientation sessions held on United Nations policy on HIV/AIDS in workplace (average)*	1.4	1.9	2.4	1.9	n.a.
Value of country procurement services (millions of United States dollars)	$98	$139	$223	$280	$500
% supply orders delivered to port of entry within agreed target arrival date (estimated)	59%	67%	74%	64%	80%
% rapid response supply orders delivered within 48 hours of sales order release (estimated)	n.a.	n.a.	98%	85%	80%
% of use of standard agreements by donors	35%	52%	78%	86%	100%
% of total income which is thematic funding	n.a.	2%	8%	21%	15%

Source: UNICEF headquarters divisions or country office reports where indicated by *.

194. The efficiencies made possible by the UNICEF global financial system are demonstrated most dramatically by the decrease in the ratio of gross programme support and management/administration expenditures to total expenditures from 21 per cent in 2002 to 20 per cent in 2004 and 15 per cent in 2005. The 2005 figure was due in part to the significant increase in programme assistance related to the Indian Ocean tsunami and South Asian earthquake. UNICEF managed almost 40 per cent more income and expenditure in 2005 than in 2004 while containing the increase in expenditures for gross programme support and management/administration to 7 per

cent. UNICEF will strive to maintain improvements in this and other areas where the 2005 management indicators already reached the target set by the new MTSP.

195. UNICEF managed the significant increase in accounting and reporting activity, and the challenges resulting both from the increasing ratio of other resources to total resources and from the requirement to accelerate the processing of contributions for emergencies, without additional resources or staffing by streamlining financial and administrative processes.

196. Substantial improvements were also achieved during the plan period in the percentage of cash assistance to implementing partners outstanding for more than nine months, from 10 per cent at the beginning of 2002 to 3 per cent by the end of 2005. (The fluctuation in 2004 was due entirely to high end-year amounts outstanding in Iraq, which were largely accounted for early in 2005).

197. The proportion of audit observations closed by the middle of the following year showed dramatic improvement but then fell back sharply. Although it is a concern, it was due in part to the high proportion of audits held in the second half of 2004, allowing less time to close recommendations before the cut-off date, and to more strategic, multi-part observations which were more difficult to close before the first implementation report. By December 2005, the rate of closed observations from 2004 had increased again to about 86 per cent, compared to 87 per cent in the previous year. This indicates that the level of risk management was fairly consistent in 2004-2005, following a major improvement.

198. The response to the Indian Ocean tsunami led to rapid changes in the size and management requirements of several country offices. The Office of Internal Audit prepared specific guidelines for the tsunami audits, considering the requirements of the CCCs and emergency operations. In three country offices, two regional offices and six headquarter divisions, the Office provided assessments of the coordination and planning of the response; the management of contributions and inputs; and the adequacy of monitoring, evaluation and reporting.

199. Timeliness of recruitment and inadequate investment in staff learning were two areas of persistent weakness during the 2002-2005 period. These areas are identified for targeted improvements under the new MTSP. During 2005, a major learning programme was designed for improving staff effectiveness in child-focused policy analysis and advocacy and is being implemented in 2006. While the timeliness of emergency recruitment improved during 2005, the indicator for regular recruitment showed a decline. This was due mainly to much less use of executive decisions and the introduction of stricter conditions to ensure the funding of posts under recruitment. The new performance indicator system will allow recruitment patterns to be more closely monitored. More resources are being allocated to recruitment, and new processes are being adopted to streamline the recruitment of senior staff.

200. The use of office workplans and budgets specifically to implement the United Nations/UNICEF policy on HIV/AIDS in the workplace expanded steadily during the MTSP period. The average frequency of dedicated staff orientation sessions in country offices peaked in 2004 and fell back somewhat in 2005. In addition, a major staff orientation programme on HIV/AIDS was undertaken at UNICEF headquarters in 2005.

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201. The global value of UNICEF procurement rose to some $1,138 million in 2005 (not including freight costs and contributions in kind). This included some $292 million in local and regional procurement and compares to $797 total procurement in 2004. Much of the increase was due to responses to emergencies and to expanded polio campaigns, and occurred despite significant decreases in Iraq and elsewhere. However, there was some reversal in the timeliness of supply order deliveries in regular and rapid response situations compared to 2004. The dramatic increase in emergency operations in 2005, and their complexity and protracted duration, required the dedication of some of the UNICEF supply system's capacities. Overall, this resulted in some delays in supplies to regular programmes.

V. Income, expenditure and resource mobilization

202. **Income.** Total UNICEF income increased by 40 per cent from $1,978 million in 2004 to $2,762 in 2005 (see tables 8 and 9) [preliminary figures subject to adjustment]. This is attributable to significantly increased contributions to other resources, largely from private sector sources and in response to emergencies. Other resources now account for 71 per cent of total income to UNICEF.

Table 8
UNICEF income by resource type and source, 2004-2005
(In millions of United States dollars)

	2005 Actual $m	2004 Actual $m	2005 Plan $m	Comparison to 2004 $m	Comparison to 2004 %	Comparison to Plan $m	Comparison to Plan %
Source of income							
Regular resources							
Government	469	438	455	31	7%	14	3%
Private sector	289	292	305	(3)	-1%	(16)	-5%
Other	55	61	55	(6)	-11%	(0)	-1%
Total - regular resources	812	791	815	21	3%	(3)	0%
Other resources - regular							
Government	466	537	470	(71)	-13%	141	17%
Private sector	354	259	200	95	37%	154	77%
Subtotal	820	796	670	24	3%	150	22%
Other resources - emergency							
Government	537	310	380	227	73%	157	41%
Private sector	592	81	440	511	631%	152	35%
Subtotal	1,129	391	820	738	189%	309	38%
Total - other resources	1,950	1,187	1,490	763	64%	460	31%
Total	2,762	1,978	2,305	784	40%	457	20%

Table 9
UNICEF income by source, 2004-2005
(In millions of United States dollars)

Source of income	2005 Actual $m	2004 Actual $m	2005 Plan $m	Comparison to 2004 $m	Comparison to 2004 %	Comparison to Plan $m	Comparison to Plan %
Government	1,472	1,285	1,305	187	15%	167	13%
Private sector	1,236	632	945	604	96%	291	31%
Other	55	61	55	(6)	-11%	(0)	-1%
Total	2,762	1,978	2,305	784	40%	457	20%

203. Income to regular resources increased by 3 per cent to $812 million in 2005. Contributions to other resources increased by 64 per cent to $1,950 million, almost all for emergencies. Income to regular resources increased as anticipated in the 2005 financial plan, and contributions to other resources exceeded the plan's target by 31 per cent.

204. The increase of $24 million in contributions to other resources-regular is the net result of a decrease of $71 million in contributions from Governments and an increase of $95 million in contributions from the private sector, including partnership arrangements. Contributions from Governments decreased from an unusually high level in 2004, reflecting funding received for rehabilitation activities in Iraq, to $466 million in 2005. The increase in private sector contributions is largely attributable to contributions for rehabilitation activities in Iraq and countries affected by the Indian Ocean tsunami.

205. The almost three-fold increase in contributions to other resources-emergency is due largely to the response to the tsunami and the South Asia earthquake. Contributions from Governments increased from $310 million to $537 million and contributions from the private sector increased from $81 million to $592 million.

206. Receipts and disbursements of $746 million and $708 million have been administered and accounted for under various trust funds, including procurement services and procurement activities on behalf of GAVI. These financial activities are recorded separately from those approved by the Executive Board.

207. **Total expenditure** increased by 37 per cent from $1,615 million in 2004 to $2,213 million in 2005 (see table 10). Expenditure on programme assistance increased by $622 million (46 per cent) to $1,966 million, and combined expenditure on programme support ($137 million) and management/administration ($89 million) decreased by $30 million (12 per cent) to $226 million.

Table 10
UNICEF expenditure for 2004 and 2005
(In millions of United States dollars)

	2005 Actual	2004 Actual	2005 Plan	Comparison to 2004		Comparison to Plan	
Nature of expenditure					%		%
Programme assistance	1,966	1,344	1,846	622	46%	120	6%
Net programme support and management and administration	226	256	271	(30)	-12%	(45)	-17%
Subtotal	2,191	1,600	2,117	591	37%	74	4%
Write-offs	6	6	5	0	5%	1	26%
Support cost reimbursement	15	9	9	6	70%	6	70%
Total	**2,213**	**1,615**	**2,131**	**598**	**37%**	**82**	**4%**

208. **Programme assistance**. The shares for the five priority areas of the MTSP as part of total expenditures for programme assistance largely remained stable during the four-year period (see table 11). While the overall share for immunization "plus" fell slightly, the share for ECD rose by a similar amount and the combined share of these two closely-related areas remained in the range of 46–49 per cent of assistance from regular resources and 54–58 per cent of total assistance. The share of regular resources-funded assistance for fighting HIV/AIDS was steady at 13–14 per cent, but was only 8–9 per cent overall due to its limited role in emergency expenditure and to inadequate funding from other resources. The share for girls' education showed a small but significant increase in terms of both regular resources and overall assistance, while the share for child protection fell slightly.

209. As significant as the question of relative shares is the fact that total programme spending for all five priority areas increased very rapidly between 2002 and 2005. The highest percentage growth between the first and last years of the period was in ECD, followed by girls' education, HIV/AIDS, child protection and immunization "plus".

Table 11
Global programme assistance expenditures by MTSP priority, 2002-2005*
(In millions of United States dollars)

2002	RR	OR-R	OR-E	Total	% of RR	% of Total
Girls' education	70	55	76	201	20%	19%
HIV/AIDS	49	40	6	96	14%	9%
Immunization +	56	171	33	260	16%	25%
Child protection	41	45	31	117	12%	11%
ECD	111	113	78	302	32%	29%
Other	21	17	31	69	6%	7%
Total	**348**	**443**	**254**	**1 044**	**100%**	**100%**

2003	RR	OR-R	OR-E	Total	% of RR	% of Total
Girls' education	92	67	74	233	24%	19%
HIV/AIDS	48	55	9	111	13%	9%
Immunization +	43	171	46	260	11%	22%
Child protection	40	55	27	123	10%	10%
ECD	139	128	174	440	36%	36%
Other	19	5	16	41	5%	3%
Total	**381**	**482**	**346**	**1 208**	**100%**	**100%**

2004	RR	OR-R	OR-E	Total	% of RR	% of Total
Girls' education	100	117	65	282	25%	21%
HIV/AIDS	51	57	7	115	13%	9%
Immunization +	53	194	46	293	13%	22%
Child protection	38	64	38	140	9%	10%
ECD	139	135	185	459	35%	34%
Other	18	20	17	55	4%	4%
Total	**399**	**585**	**359**	**1 344**	**100%**	**100%**

2005	RR	OR-R	OR-E		Total	% of RR	% of Total
Girls' education	113	171	148	*[64]*	432	23%	22%
HIV/AIDS	68	81	15	*[1]*	165	14%	8%
Immunization +	52	254	61	*[8]*	367	11%	19%
Child protection	49	75	72	*[26]*	196	10%	10%
ECD	186	218	342	*[114]*	746	38%	38%
Other	16	16	28	*0*	60	3%	3%
Total	**485**	**815**	**666**	*[214]*	**1 966**	**100%**	**100%**

RR – regular resources; OR-R – other resources-regular; OR-E – other resources-emergency.
* In 2005, OR-E includes tsunami expenditures denoted in bracketed italics

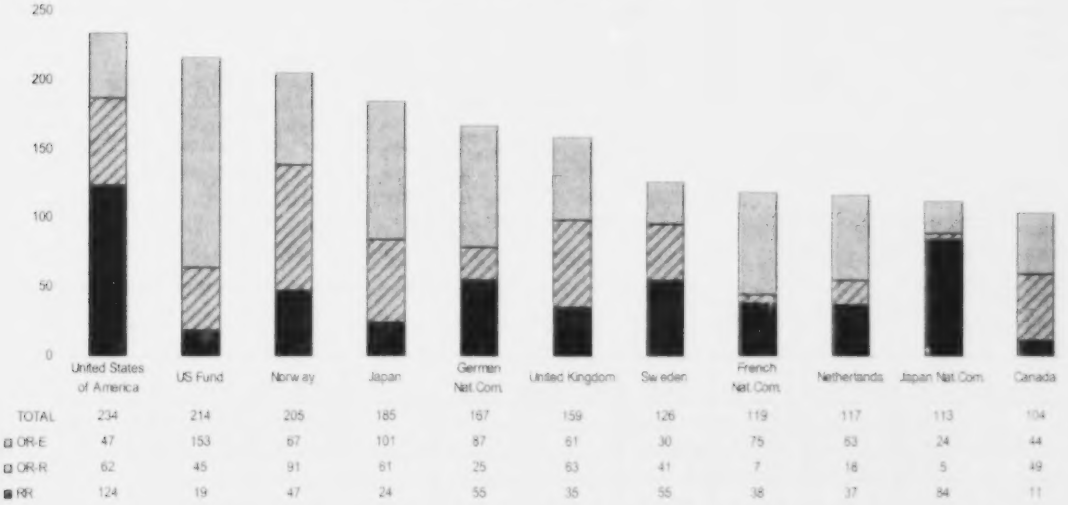
210. The target of allocating 60 per cent of regular resources to the least developed countries (LDCs) was reached in 2005, up from 57 per cent in 2004. Regular resources allocations to sub-Saharan Africa (including Djibouti and Sudan) exceeded the target of 50 per cent, reaching 55 per cent. The percentage of regular resources expenditures in sub-Saharan Africa was 52 per cent in 2005. The percentage of regular resources expenditures in LDCs rose to 55 per cent in 2005. Sub-Saharan Africa and LDCs accounted for 45 and 48 per cent of total 2005 expenditures respectively, figures which were depressed by emergency spending in countries affected by the Indian Ocean tsunami.

211. **Resource mobilization.** A total of 109 Governments made contributions to UNICEF in 2005, up from 98 in 2004. Income from Governments amounted to $1,472 million, an increase of 15 per cent over 2004, despite the strength of the United States dollar against other major currencies.

212. Private sector income totalled $1,236 million. Although private sector contributions to regular resources decreased by 1 per cent in United States dollars, they increased by over 10 per cent in local currencies. There were substantial increases in other resources contributions for both regular and emergency programmes.

Figure I. Top Donors to UNICEF, 2005: Total resources

(In millions of United States dollars)



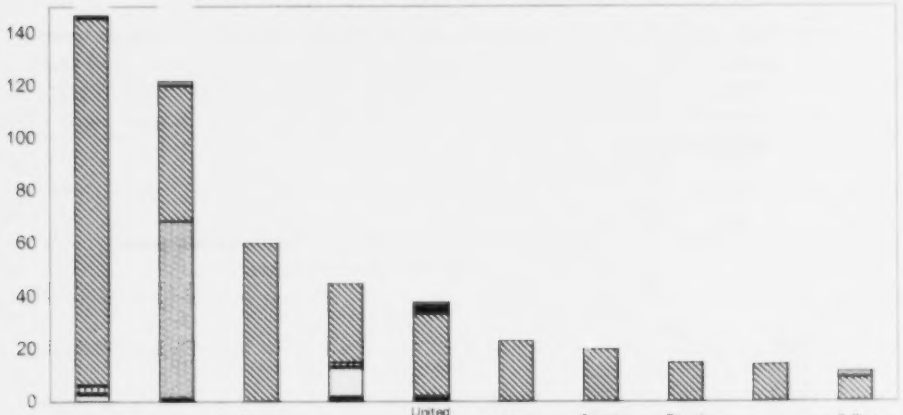
213. Increasing the proportion of regular resources in line with the financial plan remains a challenge for UNICEF and its partners. Government contributions to regular resources increased by 7 per cent in 2005. However, with a small decline in private sector contributions to regular resources and the unprecedented response to emergencies, 2005 saw the lowest proportion of regular resources to total resources,

at 29 per cent. UNICEF needs adequate regular resources income to maintain the core capacities required to fulfil its mandate globally.

214. Thematic funding in 2005 increased nearly four-fold over 2004. The largest increase was for humanitarian response and most thematic funding came from the private sector. Thematic contributions represent the best form of financial support to UNICEF after regular resources because they support the targets of the MTSP and the planned results of programmes approved by the Executive Board, without the need to negotiate lengthy project agreements and conditions.

Figure II. Top 10 Thematic Donors to UNICEF, 2005

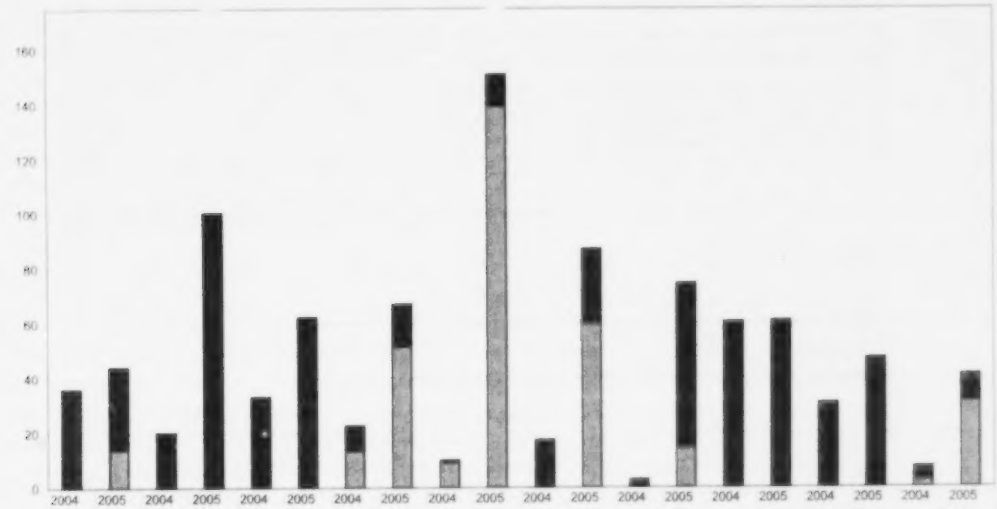
(In millions of United States dollars)



	US Fund	Norway	German Nat.Com.	Sweden	United Kingdom Nat.Com.	Japan Nat.Com.	Canada Nat.Com.	French Nat.Com.	Canada	Italian Nat.Com.
Total	146.5	121.7	60.2	45.2	37.7	23.2	20.2	14.9	14.3	11.5
Immunization +		1.5			1.0					2.3
Early Childhood Development	0.7			0.5	3.1		0.4			
Humanitarian	139.5	51.8	60.2	29.9	31.7	23.2	19.8	14.9	14.3	9.0
HIV / AIDS	4.0			1.8	0.4					
Girls Ed	2.1	66.8		10.9	0.2					0.3
Child Protection	0.2	1.5		2.0	1.3					

215. The number of government contributors to consolidated, flash and humanitarian action report appeals rose from 23 to 47. The campaigns to respond to the tsunami and South Asian earthquake were the largest fund-raising efforts ever by the Private Sector Division.

Figure III. Top 10 Humanitarian donors to UNICEF, 2005, compared to their contributions in 2004
(In millions of United States dollars)



	Canada		Japan		Netherlands		Norway		US Fund		German Nat.Com		French Nat.Com		United Kingdom		United States of America		United Kingdom Nat.Com	
Total	36	44	20	101	33	63	23	67	10	151	18	87	3	75	61	61	31	47	8	41
Non-Thematic	36	30	20	101	33	63	9	15	1	12	18	27	3	60	61	61	31	47	5	10
Thematic	0	14	0	0	0	0	14	52	9	139	0	60	0	15	0	0	0	0	3	32

216. A number of non-thematic donors also demonstrated good humanitarian donorship with timely and flexible responses to emergencies, including largely forgotten emergencies. Responses to the tsunami and South Asian earthquake showed how thematic funding can make a difference in a large-scale emergency response. UNICEF was able to reduce complex work processes and focus more on assisting people in need.

217. The year 2005 was also important for public-private partnerships which aimed to raise awareness and leverage resources to achieve results for children. The top contributors to UNICEF in this area were the United Nations Foundation ($71.3 million), the Canadian Micronutrient Initiative ($12.2 million), the GFATM ($8.9 million), Rotary International ($9.1 million) and GAVI ($3.3 million). As a member of the Polio Advocacy Group (the other partners include Rotary International, WHO and the United Nations Foundation), UNICEF has contributed to raising and leveraging over $800 million for the fight against polio. The dialogue with global private partners, such as the Bill and Melinda Gates Foundation, also gained momentum over the course of 2005.

VI. Conclusion: The new MTSP period and organizational transformation to contribute to the Millennium Development Goals

218. The Outcome Document of the High-Level Plenary Meeting of the General Assembly, held in September 2005, strongly confirmed the focus of Member States on the Millennium Declaration and its Development Goals, which have put children at the core of the international agenda. It underlined the centrality to global development of many key areas for UNICEF. The new MTSP for 2006-2009 provides a flexible guiding framework through which UNICEF will contribute effectively to the international effort to achieve the Millennium Development Goals by 2015, as well as other commitments made at the General Assembly Special Session on Children.

219. UNICEF has a distinguished track record of being a highly goal- and results-oriented organization, and it will be judged on the basis of its contribution to achieving the Goals. But ultimate success will be achieved only if a number of elements are present, including those listed below.

220. **Nurturing a culture of evidence-based action.** The new MTSP provides a stronger framework for monitoring progress for children and for the accountability of UNICEF to its Board, donors and other stakeholders. Its results framework sets out indicators for monitoring and reporting on both the impact of interventions to support the Goals and the internal efficiency of UNICEF. At the same time, UNICEF also needs to marshal lessons and evidence of "what works for children", both from its own experience and those of others, and use these improve its programming and advocacy.

221. **Promoting more integrated delivery of services.** UNICEF will promote tested, integrated development strategies, adopting a rights-based approach that gives priority to children and families in poverty. The UNICEF experience in supporting the ACSD provides a good example of how the implementation of key interventions in an integrated and phased manner can produce results in reducing child mortality. Further, many countries are now demonstrating that critical interventions such as immunization can provide a platform for delivering a whole range of services for children's survival and development.

222. **Strengthening effective partnerships to leverage results for children.** The Secretary-General has reaffirmed that the only way to achieve the Millennial Goals is to break with business as usual and dramatically accelerate and scale up action until 2015. This can only be achieved through strengthened partnerships, including among United Nations agencies and their strategic allies. Both partnerships and integration require working across sectors on all the various issues affecting children, drawing upon the strengths of individual agencies - a central objective of the new "*Unite for Children, Unite against AIDS*" Campaign.

223. UNICEF is uniquely positioned to lead and cultivate effective partnerships to leverage resources and results for children. Its contributions to nationally-led, unified country frameworks and United Nations reform will reflect the importance of harnessing the potential of partnerships to produce results for children. The new UNICEF business plan will enable it to strengthen such partnerships at the global level as well as across all countries and regions, to support the implementation of

national plans based on the Millennium Development Goals. UNICEF will also promote the effective incorporation in national programmes of global initiatives and campaigns that support the Goals.[2]

224. **Preparing and responding effectively to emergencies and post-crisis transition.** The 2006-2009 MTSP also fully incorporates the need for effectiveness in both emergency preparedness and response. A year after the devastating tsunami, UNICEF and its partners continue to "build back better," a spirit that should guide humanitarian aid elsewhere. Partners should also start initiatives for recovery and post-crisis transition at the earliest possible stage – aiming for a fast return to normal conditions for children.

Transforming and equipping UNICEF to better manage for results

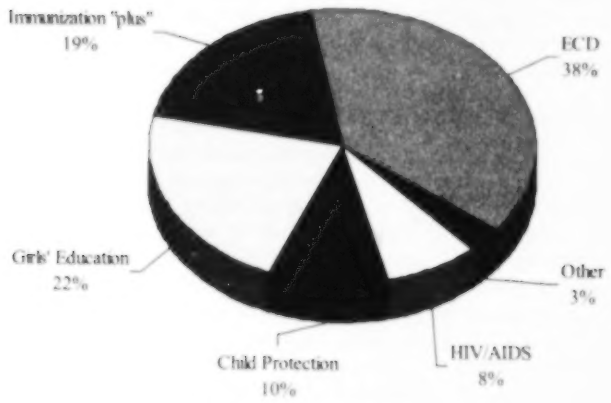
225. Against this backdrop of new directions and lessons learned, UNICEF needs to adopt a culture of continuous improvement, anticipating and responding to trends by capitalizing on its strengths and identifying areas where it may need to change. UNICEF must be an inspirational leader on behalf of the world's children, in both development and humanitarian contexts. It must also ensure that its management structure, business processes and systems equip it to be a fully effective contributor in all aspects of United Nations reform. It must also continue to provide a trusted voice for children, contributing to public debate and policy formulation, while providing Governments with knowledge on how to scale up successful programmes, produce cost-effective results for children and measure progress. To achieve all this, UNICEF will need to address a range of questions - on its strategic alignment; its capacities and organizational structure; its adaptation to the evolving architecture of development assistance and to national priorities; and its strategies for resource mobilization.

226. Following extensive consultations, the Executive Director has initiated an independent, comprehensive review of how the organization carries out its work. The organizational review will be informed and complemented by a series of other management reform initiatives which are also underway, including reviews and evaluations in the areas of human resources management, business processes, the supply function, partnerships with civil society, gender mainstreaming and resource mobilization and advocacy in industrialized countries. The review will both identify areas where change is urgently needed and develop a coherent programme for the future development of organizational capacities.

227. In conclusion, while many gains have been made for the world's children since the beginning of this decade, as seen in this report, their situation remains grave in many countries. Making progress towards the Millennium Development Goals means not only striving to improve children's well-being and uphold their rights, but in many cases working to prevent a further decline in their situation. There are few "magic bullets" for a task of this complexity and magnitude, but what has been seen in many places and programmes in 2005 are real results that can and must be replicated, lessons learned that can create real progress, and a newfound commitment to partnership. All of this – plus the creative thinking of villagers, world leaders and so many committed people in between – shows that all is still possible.

[2] E.g., the International Finance Facility, the GFATM, GAIN, GAVI, Roll Back Malaria, the Partnership for Maternal, Newborn and Child Health, *Unite For Children, Unite against AIDS*, the forthcoming Ending Child Hunger and Undernutrition Initiative and the well-established UNGEI.

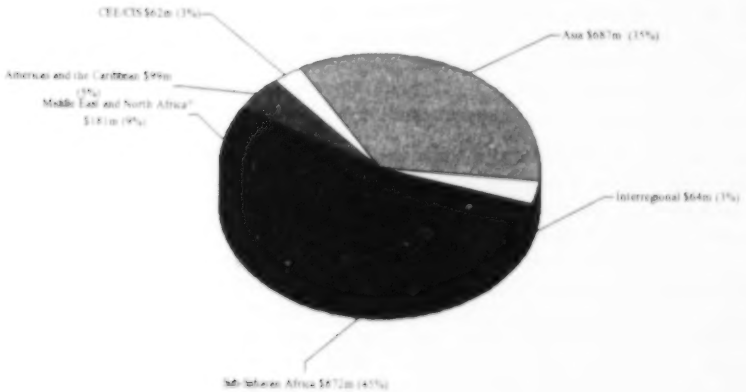
Figure IV
UNICEF programme expenditure by organizational priority, 2005



Total expenditure: $1,966 million [a]

a/ Excludes programme support costs amounting to $137 million.

Figure V
UNICEF programme expenditure by geographical region, 2005


CEE/CIS $62m (3%)
Asia $687m (35%)
Americas and the Caribbean $49m (2%)
Middle East and North Africa[a] $181m (9%)
Interregional $64m (3%)
Sub-Saharan Africa $672m (34%)

Total expenditure: $1,966 million[b]

a/ Programme assistance for Sudan and Djibouti is included under Sub-Saharan Africa.

b/ Excludes programme support costs amounting to $137 million.

Annex

Programme expenditure in 2005 for countries classified according to gross national income and under-five mortality rates[a]

	Child population in 2003 (In millions)	Child Population (Percentage of total)	Number[b] of countries	Expenditure (In millions of US dollars)	Expenditure (Percentage)	Costs Per child (US cents)
Country grouping based on 2003 GNI						
Low income, Total	1,020	52%	80	1,305	62%	128
(Low income, excluding India)	805	41%	59	1,192	57%	147
Lower middle income	840	43%	38	553	26%	66
(Lower middle income, excluding China)	473	24%	47	332	25%	111
Upper middle income	86	4%	16	30	1%	35
Total for countries	1,945	100%	124	1,888	90%	97
Total for global and other regional funds				215	10%	
Grand Total	1,945	100%	124	2,103	100%	
Country grouping based on 2003 U5MR						
Very high U5MR	261	13%	27	621	30%	238
High U5MR, Total	750	38%	38	799	38%	109
(High U5MR, excluding India)	515	26%	37	682	32%	216
Middle U5MR, Total	920	47%	45	380	18%	41
(Middle U5MR, excluding China)	551	29%	44	339	17%	61
Low U5MR	34	2%	14	92	4%	273[c]
Total for countries	1,945	100%	124	1,888	90%	97
Total for global and other regional funds				215	10%	
Grand Total	1,945		124	2,103	100%	
(of which LDCs)	333	18%	50	944	45%	286

[a] Low income = GNI per capita of $765 and less.
Lower middle income = GNI per capita between $766 and $3,035.
Upper middle income = GNI per capita between $3,036 and $9,238.
Very high U5MR = over 140 under-five deaths per 1,000 live births.
High U5MR = 71-140 under-five deaths per 1,000 live births.
Middle U5MR = 21-70 under-five deaths per 1,000 live births.
Low U5MR = less than 21 under-five deaths per 1,000 live births.
LDCs = least developed countries.

[b] Pacific, Caribbean and CEE/CIS/Baltic States multi-country programmes were counted as one each except countries in emergency situations within the multi-country programme with separate expenditure and available indicators.

[c] Higher costs per child reflect expenditure in countries with small child populations and also in three countries/areas experiencing emergency situations, which account for over 50 per cent of the total expenditure incurred.

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Options for improving the harmonized country programme approval process***

I. Introduction

1. The Executive Boards of the United Nations Development Programme (UNDP)/United Nations Population Fund (UNFPA) and of the United Nations Children's Fund (UNICEF), in decisions 2005/28 and 2005/9, respectively, requested that a report, elaborated jointly, be presented for discussion at their annual sessions in 2006 on proposals to further improve the current harmonized country programme approval procedure. The Executive Board of the World Food Programme (WFP) also expressed the desire to continue to discuss simplification of the country programming process.

2. This paper responds to those decisions and to the 2004 triennial comprehensive policy review of operational activities for development of the United Nations system, especially paragraphs 49 and 50 of General Assembly resolution 59/250 of 22 December 2004. It presents options for modifications to the country programme approval process by the respective Executive Boards. It has been jointly elaborated by the Executive Committee of the United Nations Development Group (UNDG), in close consultation within the wider UNDG, including the specialized agencies. It has also benefited from feedback from Member States, including from the joint meeting of the Boards in January 2006 and several subsequent informal discussions.

* The submission of this document was delayed because of the need for extensive consultations between the four agencies and with the members of the Executive Boards.

** E/ICEF/2006/10.

*** This document has been elaborated jointly by the secretariats of UNDP, UNFPA, UNICEF and WFP, and is being presented to the UNDP/UNFPA Executive Board as document DP/2006/34-DP/FPA/2006/12.

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3. The options presented in this paper for modifications to the country programme approval process should be considered in the context of ongoing discussions on United Nations system-wide coherence and more specifically on further simplifying and harmonizing the UNDG country programming procedures in the spirit of "one team, one leader and one programme". Discussions with Member States and lessons learned by United Nations country teams (UNCTs) indicate that improvements can be made, based on the principle of national ownership, through capitalizing on the strengths provided by the current United Nations Development Assistance Framework (UNDAF) process; and by enhancing the coherence between the collective United Nations contribution and those of individual United Nations organizations, including realizing the potential for joint initiatives and enhancing the delivery and effectiveness of development cooperation for development results.

4. This paper presents options for further improving the approval of country programmes by organizations' governing bodies, in response to the specific Board requests. Annex I presents the UNDG process for simplifying and harmonizing the United Nations programming process and documentation. Annex II provides an outline of the contents of a consolidated document at country level — the Consolidated UNDAF — which would reduce transaction costs and redundancies in current programme documentation while further strengthening the results focus as well as strengthening UNCT coherence in implementation to achieve the results. As with the present UNDAF, this document would be approved by the host country Government and UNCT members. Annex III contains a format for simplified presentation of organization-specific contributions to the Consolidated UNDAF. These agency-specific contributions would be reviewed and approved by the respective governing bodies, as is the case with the current country programme documents (CPDs).

II. Principles

5. Member States and the development community at large have agreed on improving aid effectiveness through better alignment with national priorities and systems as articulated in General Assembly resolution 59/250 and the Paris Declaration on Aid Effectiveness. In addition, the Outcome Document of the 2005 World Summit "welcomed ... further aligning assistance with countries' strategies, building institutional capacities, reducing transaction costs and eliminating bureaucratic procedures, making progress on untying aid, enhancing the absorptive capacity and financial management of recipient countries and strengthening the focus on development results".[1]

6. The simplification and harmonization of the United Nations programming process must adhere to a clear set of principles that clarify results and define accountabilities. These principles are as follows:

(a) The overarching principle is national ownership and leadership of the process, its products and results. This includes aligning the United Nations programming process within national planning and programming processes;

(b) The primary principle is that the United Nations should make a collective, strategic contribution in response to national priorities, including the

[1] A/RES/60/1, paragraph 23 (c).

internationally agreed development goals and the Millennium Development Goals, and the overall purpose of simplification and harmonization is to enable the United Nations to unleash its substantive potential to support national priorities and to demonstrate its continuing relevance and effectiveness;

(c) Simplification and harmonization should not undermine participation, transparency or the consultative process at the national level, nor should they hinder accountability or the ability of organizations to report on results achieved and resources used;

(d) Simplification and harmonization should lead to a reduction in transaction costs for national partners and the UNCT;

(e) Simplification and harmonization of the programming process do not mean diluting the substantive contribution that the United Nations can make collectively or individually through its mandates and experience, international conferences and human rights conventions and treaties;

(f) Simplification and harmonization of the documentation process are intended to better enable UNCTs to work strategically, and should encourage active participation from all United Nations organizations, including non-resident agencies in the country concerned;

(g) Simplification and harmonization should not diminish the gains made in coordination and team spirit acquired to date through United Nations reform efforts. Indeed, they should foster further coherence and improved coordination.

III. Options for country programme preparation and format

7. The harmonized country programme approval process aims to ensure the continuance of appropriate governing body review and approval of the respective United Nations organization's multi-year programme of cooperation in a given country, within the framework of the overall UNDAF, consistent with the multi-year funding framework or the multi-year strategic plan of the particular organization.

8. Currently, governing body members review organization-specific results and resources for each country through the draft CPDs. These documents are derived in varying degrees from the UNDAF but are usually prepared separately by each agency. Under the present proposals, the standard format used for governing body review and approval of agency programme contributions to the Consolidated UNDAF would be modified to achieve consistent alignment with the UNDAF and its implementation. These simplified formats would form part of an overall Consolidated UNDAF document, developed under national leadership.

9. Governing body members will continue to review, comment on and approve the organization-specific planned results and resources for the respective programme of cooperation in a particular country. They will do so primarily by reviewing and approving the agency's specific contribution to the Consolidated UNDAF, which will be included in Section C thereof (see Annex I). In reviewing the individual organization's component, they would also be able to refer to the Consolidated UNDAF itself, which will be posted in advance.

10. Under the modified approach, the full Consolidated UNDAF document would be signed by the Government, the Resident Coordinator and the UNCT members

following approval by the respective Boards of the agency-specific Section C. In case one or more Boards suggest modifications in the respective Section C, these suggestions would be considered by the country-level partners and modifications would be made to that section and/or to other components of the Consolidated UNDAF, subject to the agreement of the Government, as is currently the case.

11. In the exceptional case that an Executive Board does not approve an agency-specific Section C following the first review, the rest of the Consolidated UNDAF would proceed while further consultations on the agency-specific component take place. The agency would continue to cooperate in the country as a member of the UNCT on the basis of its earlier approved programme, which the Board would be requested to extend for the required time, according to current procedures, if approval of the new programme was not secured in time for the commencement of the new harmonized programme cycle.

12. The modified approach reduces redundancies in the results structure of the current process, strengthens national ownership in the implementation of the UNDAF and presents the most effective system for managing country programme preparation and approval. Such improvements respond to General Assembly resolution 59/250 of 22 December 2004 on the triennial comprehensive policy review and are necessary to further promote United Nations reform and harmonization.

13. It is proposed by the present report that, since the modified approach optimizes the simplification of the most important elements of UNDG procedures for country programming, it should be adopted by all countries developing and presenting new programmes for approval in 2007. The experience with this first year of adoption of the modified approach should then be assessed.

14. Another option, for countries presenting new programmes in 2007, is that Governments together with the respective UNCTs could decide whether they wished to "opt in" or not to the modified approach, that is to continue to use the present multiple document system. However, this alternative would have significant costs as it would entail the operation of parallel country programme preparation and approval processes, and would not fully realize the benefits of the modified approach which are described in this paper. Costs related to maintaining these two systems would include cost of developing and training in new guidance, a complicated support system to share experiences of the two systems, and two different formats for governing bodies to review and consider.

IV. Options for approval of the organization-specific contribution to the Consolidated UNDAF

15. As under the current system of CPDs, in the modified approach recommended above, the organization-specific contribution to the Consolidated UNDAF (Section C) will normally be submitted for review as a draft to the Executive Boards at their annual session. Final approval of the organization-specific contributions of the United Nations common country programme will occur following any necessary and appropriate revisions made in consultation with the respective Government and with other national and United Nations partners, based on comments provided by Board members at the review stage.

16. Three options are put forward in respect of the harmonized mechanism to be used for the approval by the Executive Board of the revised organization-specific country programme document:

(a) Option A: *approval on the basis of electronic posting* of the revised programme document on the agency website, with notification to Board members of posting having been made, to take place automatically after a six-week period unless at least five Board members have notified the secretariat in writing of their wish for further formal discussions;

(b) Option B: approval as in the option above, but *also with a hard copy* of the revised programme document provided to each Board member by the secretariat, at the time of the electronic posting;

(c) Option C: following electronic posting and the provision to each Board member of a hard copy of the revised programme document, *approval on a no-objection basis at the next Executive Board session* following the session at which the draft programme document was reviewed; or, approval following further formal discussion at the next Executive Board session following the session at which the draft document was reviewed, in cases where at least five Board members have notified the secretariat in writing of their wish for further formal discussions.

V. Draft decision

The Executive Board,

Reiterating the overarching principle of national leadership and ownership of United Nations multi-year programmes of cooperation at country level,

Recalling the need to further simplify the programme preparation process in order to enhance relevance, effectiveness and benefits for national development efforts of the collective collaboration of the United Nations system funds, programmes and agencies, working together synergistically based on their respective strengths, mandates and experience,

Cognizant of the ongoing high-level discussions on United Nations system-wide coherence,

Emphasizing the need to ensure an inclusive and transparent consultative process in programme preparation,

Further emphasizing that measures taken to achieve further simplification should lead to the reduction of the transaction costs of cooperation for national partners,

Stressing the importance of accountability of the United Nations agencies, funds and programmes and their ability to report on resources used and results achieved,

Reaffirming the need to ensure appropriate Executive Board review and approval of multi-year cooperation programmes, consistent with the multi-year funding framework or strategic plan of the particular agency, fund or programme,

Noting with satisfaction the continuing initiatives of the United Nations Development Group agencies to develop practical steps to further simplify the preparation process for United Nations country programmes of cooperation with national partners, and in particular the introduction of the Consolidated UNDAF document and of the use of a simplified results-based format and budget for agency-specific contributions thereto (as outlined in Annex III of documents E/ICEF/2006/12 and DP/2006/34-DP/FPA/2006/12)

Decides that:

1. Beginning in 2007, Governments of programme countries, together with the respective United Nations Country Team, would use [alternative: may opt to use, or not use] the modified approach for the development of new programmes of cooperation with United Nations agencies, including for the review and approval by the respective Executive Board of the agency-specific contributions to the UNDAF in the context of national priorities;

2. The UNDAF document will be made available to members of the Executive Board for information on the agency website, prior to the review and approval of the organization-specific contributions thereto;

3. Agency programmes will continue to be presented at the annual session of the Executive Board for review. However, where country-specific circumstances so require, programmes may be presented, on an exceptional basis, to the second regular session;

4. The process for the approval by the Executive Board of agency country programmes will be modified as follows:

[(a) {Option A:} approval on the basis of electronic posting of the revised programme document on the agency website, with notification to Board members of posting having been made, to take place automatically after a six-week period unless at least five Board members have notified the secretariat in writing of their wish for further formal discussions;

(b) {Option B:} approval on the basis of electronic posting of the revised programme document on the agency website, with notification to Board members of posting having been made, and the provision of a hard copy of the revised programme document by the secretariat to all Board members, to take place automatically after a six-week period unless at least five Board members have notified the secretariat in writing of their wish for further formal discussions;

(c) {Option C:} following electronic posting on the agency website, with notification to Board members of posting having been made, and the provision to each Board member of a hard copy of the revised programme document, approval on a no-objection basis at the next Executive Board session following the session at which the draft programme document was reviewed; or, approval at the next Executive Board session following the session at which the draft document was reviewed, following further formal discussion at the Executive Board, in cases where at least five Board members have notified the secretariat in writing of their wish for further formal discussions;]

5. The process of review and approval of agency country programme documents by Executive Board members will continue to aim to reinforce both national ownership and the accountability of the agency to its Executive Board, including by examining the coherence of the documents with the agency's organizational strategic plan;

6. Experience in the use of the modified approach will be assessed by the Board following the first year of operation.

Annex I

Further simplifying and harmonizing the UNDG programming process

1. Programme preparation

1. For country programmes to be approved in 2007 and initiated in 2008, countries would use the Consolidated UNDAF document and a modified format for submissions to the Executive Board. This Consolidated UNDAF will encompass and serve the different functions of the various current documents (UNDAF, UNDAF results matrix, CPDs and country programme action plans (CPAPs)). The document would consist of the following elements:

(a) Section A: A statement articulating the strategic role of the United Nations in support of national priorities and how the United Nations organizations will work synergistically to support that role. This refers to the entire United Nations system, including resident and non-resident United Nations organizations;

(b) Section B: A United Nations development assistance results matrix, a monitoring and evaluation matrix, and a summary budget;

(c) Section C: organization-specific results and resources contributing to the Consolidated UNDAF results framework. This refers to the UNDG Executive Committee agencies as well as to other United Nations organizations that may decide to adopt this format and approach. This section will be presented to the respective governing bodies for approval;

(d) Section D: Operational provisions and clauses for United Nations operations in the country, including any specific fiduciary arrangements for individual organizations vis-à-vis the national Government. This refers to the UNDG Executive Committee agencies, as well as to other United Nations organizations that may decide to adopt this format and approach.

2. The proposed outline of table of contents for the consolidated document is shown in Annex II, and the proposed outline of Section C covering the agency-specific results and resources is shown in annex III.

3. No new proposals are made with regard to the Common Country Assessment (CCA), which will continue to be undertaken according to existing procedure and policy.

Results expected from programme preparation

4. The use of the Consolidated UNDAF would seek to ensure:

(a) Appropriate national-level consultation, leadership, ownership and approval of the United Nations proposed multi-year programme of cooperation;

(b) Articulation and preparation of the United Nations strategic, collective cooperation in support of national development results;

(c) That these priorities are defined through consultation with and leadership from national partners, with the involvement of United Nations organizations, including those which are non-resident, and other development partners;

(d) The ability to assess and account for the results and resources of the individual United Nations organizations participating in and contributing to the programme.

Process and provisions for accountability

5. At the national level, the existing process and accountability provisions will continue as before. As is currently the case with the UNDAF, national partners will be fully involved in and lead the consultative process for developing the Consolidated UNDAF. Non-resident agencies will also contribute to its formulation. This includes ongoing consultation in the preparation of the United Nations analysis of national development challenges, national capacity constraints and opportunities, lessons learned from past experience and priority areas and results for United Nations cooperation. Formal consultation will continue inter alia through the existing Joint Strategy Meetings to ensure coherence among the United Nations organizations in the framework of the Consolidated UNDAF and alignment with national priorities.

6. The draft sections of the Consolidated UNDAF will be developed by the Government, the Resident Coordinator and UNCT members prior to submission of the organization-specific components (Section C) to the respective Boards.

7. The UNDG regional quality support and assurance process — a collaborative, United Nations-wide process — will continue to provide collective inputs to and review of the process of Consolidated UNDAF preparation by UNCTs. In this review, the regions are accountable for ensuring that the results reflect progress towards the Millennium Development Goals and other global agreements, norms and standards.

2. Programme approval and implementation

8. Under the modified approach, governing body Members will continue to review, comment on and approve organization-specific planned results and resources for the respective programme of cooperation in a particular country. They will do so primarily by reviewing and approving Section C of the Consolidated UNDAF. In reviewing the individual organization's component, however, they would also refer to the draft Consolidated UNDAF itself, which will be posted in advance.

9. The overall aim of the review and approval process continues to be to ensure appropriate governing body review and approval of the respective United Nations organization's multi-year programme of cooperation in a given country, within the framework of the overall UNDAF, consistent with the multi-year funding framework or the multi-year strategic plan of the particular organization.

10. Under the modified approach, the full Consolidated UNDAF document would be signed by the Government, the Resident Coordinator and the UNCT members following approval by the respective Boards of the agency-specific Section C. In case one or more Boards suggest modifications in the respective Section C, these suggestions would be considered by the country-level partners and modifications

would be made to that Section and/or to other components of the Consolidated UNDAF, subject to the agreement of the Government.

11. In the exceptional case that an Executive Board does not approve an agency-specific Section C following the first review, the rest of the Consolidated UNDAF would proceed while further consultations on the agency-specific component were taking place. The agency would continue to cooperate in the country as a member of the UNCT on the basis of its earlier-approved programme, which the Board would be requested to extend for the required time, according to current procedures, if approval of the new programme was not secured in time for the commencement of the new harmonized programme cycle.

12. Under the modified approach, the Government and the UNCT will continue to be mutually accountable for monitoring progress towards UNDAF outcomes, and will follow the existing procedures, including an annual UNDAF review process with the participation of national implementing and cooperating partners and United Nations organizations. The progress made in implementing the UNDAF will form the basis of the annual report of the Resident Coordinator and UNCT. An UNDAF evaluation will normally be undertaken in the penultimate year of the programme cycle. The main outcomes and findings of the UNDAF evaluation will be reflected in the design of the UNDAF and agency-specific programmes for the next programme cycle.

13. The Regional Directors of the UNDG Executive Committee agencies will continue collectively to review the performance of the Resident Coordinators and their respective agency staff in terms of their implementation of the UNDAF. Individual organizations will continue to review the performance of their staff against the specific contributions for which that agency is responsible within the UNDAF. Additional efforts to enhance the mutual accountability within the UNCT and with the Resident Coordinator at country level will be developed.

14. As is currently the case, those organizations with a multi-year funding framework or strategic plan will report to their respective Board on the overall implementation of the organization's multi-year funding framework or strategic plan, incorporating results from programme cooperation in individual countries and at country level.

Annex II

Outline of contents of a Consolidated UNDAF

The purpose of this annex is to outline the contents of the Consolidated UNDAF. It draws on the existing formats and guidelines for each of the current individual documents (UNDAF, UNDAF Results Matrix, CPDs, CPAPs) and aims to avoid duplication while ensuring the core functions of each are reflected.

Section A: The strategic role of the United Nations in support of national priorities

1. Situation analysis:

(a) Summary analysis of the major challenges relating to national priorities (drawing on the national development plan, poverty reduction strategy, CCA, national monitoring systems, state party reports to treaty bodies etc.), and national achievement towards the internationally agreed development goals and human rights commitments, including the Millennium Declaration and the Outcome Document of the 2005 World Summit;

(b) Assessment of national capacity gaps and opportunities;

(c) Application of the lessons learned and results achieved from the previous cycle of United Nations cooperation for the consolidated UNDAF.

2. United Nations strategic role:

(a) Narrative summary of the key priority outcomes that the United Nations system will contribute to, consistent with the situation analysis above, focusing on population groups of highest priority, and clearly outlining the link between those outcomes and national development priorities, goals, targets or commitments in each area of cooperation;

(b) Narrative summary of the specific results, especially the capacity development results, that the United Nations system expects to realize within the timeframe of the programme, and the indicative resources required for each outcome;

(c) Concise presentation of complementary and synergistic roles of United Nations organizations and partners in achieving each outcome, including identification of joint programmes as well as lead and main supporting United Nations organizations for each outcome and assignment of each output to a United Nations lead agency;

(d) Summary of monitoring and evaluation methods and tools.

Section B: Consolidated UNDAF results and monitoring and evaluation matrix

The Consolidated UNDAF results and monitoring and evaluation matrix presents the key priority outcomes to which the United Nations system will contribute, and the expected outputs and resources for each outcome. The matrix outlines the coordination mechanisms and programme modalities, including joint programmes, and includes progress indicators, baselines, means and sources of verification, risks and assumptions. The matrix is outlined below:

Consolidated UNDAF Results Matrix and Monitoring and Evaluation Matrix

National priority or goals:

- to whose attainment the consolidated UNDAF outcome is expected to contribute. The selected national goals or targets should relate to specific Millennium Development Goals and/or other commitments, goals and targets of the Millennium Declaration and international conferences, summits, conventions and human rights instruments and monitoring mechanisms of the United Nations system.
- Ideally, the national priority or goal would be expressed as an expected and verifiable change in the lives of people.

Outcome by the end of the programme cycle:

- The Consolidated UNDAF outcome makes a clear contribution to the national effort to address the selected national priority or achieve the selected national goal or commitment.
- In most cases, the achievement of a Consolidated UNDAF outcome will require the collaborative effort of United Nations organizations, in partnership with other development partners.
- Typically, the Consolidated UNDAF outcome will be formulated as an expected change in national systems or capacities at different levels for achieving the national priority or goals, or as behavioural change. It may represent a contribution at either the national or subnational level.

Consolidated UNDAF outcomes and United Nations contributing agencies	**Outputs**	**Role of partners**	**Resource mobilization targets**
Consolidated UNDAF outcome No. 1 Consolidated UNDAF outcomes describe the intended results and lists the individual agencies contributing to the outcome in both lead and supporting roles.	These refer to specific products or services resulting from development interventions. Outputs can be 'owned' by a specific agency.	Identifies lead and supporting partners and the role and contributions of national and international partners, to attain the relevant Consolidated UNDAF outcomes.	These are best available indicative estimates of the resources that agencies plan to raise and make available in support of the specific outcomes or outputs, broken down by regular and other resources.
Consolidated UNDAF outcome No. 2 ... etc.	-Outputs ... etc.		

Coordination mechanisms and programme modalities:

- Describing the coordination mechanisms among United Nations organizations and with other partners, which will be contributing to the consolidated UNDAF outcome (e.g., joint programmes, thematic groups, sector mechanisms)

Consolidated UNDAF outcomes	Key indicator(s) and baselines	Means and sources of verification	Risks and assumptions
Outcome 1 **1.1 Contributing outputs**	Indicators (output indicators only if available) Baselines:	Means: e.g., surveys, evaluations, field visits, government reports, national statistical systems. Sources Institution/agencies/ partners responsible.	State risks and assumptions for each consolidated UNDAF and project outcome.
1.2 Contributing - outputs	...	...	

Section C: Organization-specific contribution to the Consolidated UNDAF, including financial contributions

See Annex III for format.

Section D: Operational and legal provisions and clauses for United Nations operations in the country, including the fiduciary arrangements for individual organizations vis-à-vis the national Government[2]

(a) The cooperation framework;

(b) Basis of relationship;

(c) Programme management (including cash transfer clauses, and supply/in-kind assistance clauses);

(d) monitoring and evaluation (including of use of funds, and supply/in-kind assistance clauses);

(e) Commitments of United Nations agencies;

(f) Commitments of the Government;

(g) Other provisions;

(h) Signatures by Government and United Nations agencies.

[2] Projects will be implemented through annual work plans and additional supporting documentation as required.

Annex III

Proposed format for Section C of the Consolidated UNDAF: Organization-specific contribution to the Consolidated UNDAF

Organization (Name) contribution to the Consolidated UNDAF in (country) and date of cycle					
National Goal/target: **MDG/Millennium Declaration target or other commitments:**					
Intended Consolidated UNDAF outcome No. 1: extracted from Section B of the Consolidated UNDAF results matrix					
Organization-Specific Result (MYFF, MTSP ...)	**Key outputs expected**	**Key progress indicators and baselines**	**Means of verification (including monitoring instruments and evaluations)**	**Major national United Nations and other partners, national frameworks, (indicate joint programmes)**	**Funding amounts and sources[3]**
	No. 1				Regular resources
					Other resources
	No. 2				Regular resources
					Other resources
	No. 3				Regular resources
					Other resources

[3] Agencies define funding categories differently and the relevant categories will be applied in this matrix.

A 1-2 page summary note would accompany the organization-specific matrix and would include:

(a) a narrative summary of the relationship with the organizational strategic framework;

(b) a narrative summary of the relationship of organization-specific contributions to the Consolidated UNDAF outcomes and national results;

(c) a budget summary (by outcome and major output);

(d) specific monitoring and evaluation provisions.